LEVEL OF KNOWLEDGE AND ATTITUDE ON PROBLEMS RELATED TO DRUG DEPENDENCE AMONG COLLEGE STUDENTS

DISSERTATION SUBMITTED TO

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE AWARD OF

DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL , 2011

A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE AND ATTITUDE ON PROBLEMS RELATED TO DRUG DEPENDENCE AMONG THE COLLEGE STUDENTS IN A SELECTED COLLEGE, AT NAGERCOIL,

Certified that this is the bonafide work of

MRS. JAYANTHI.C
VEL R.S. MEDICAL COLLEGE – COLLEGE OF NURSING,
NO.42, AVADI - ALAMATHI ROAD,
CHENNAI - 600 062

COLLEGE SEAL

SIGNATURE: _____

Prof.Mrs.M.ANURADHA,
R.N., R.M., M.Sc.(N).,
Principal,
Vel R.S. Medical College - College of Nursing,
No.42, Avadi - Alamathi Road,
Chennai – 600 062, Tamil Nadu.

Dissertation Submitted to

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

In partial fulfillment of requirement for the award of degree of

MASTER OF SCIENCE IN NURSING

APRIL , 2011

A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE AND ATTITUDE ON PROBLEMS RELATED TO DRUG DEPENDENCE AMONG THE COLLEGE STUDENTS IN A SELECTED COLLEGE, AT NAGERCOIL

Approved by Dissertation Committee in December, 2009

PROFESSOR IN NURSING RESEARCH

Prof.Mrs.M.ANURADHA, _____

R.N., R.M., M.Sc.(N).,
Principal,
Vel R.S. Medical College - College of Nursing,
No.42, Avadi - Alamathi Road,
Chennai – 600 062, Tamil Nadu.

CLINICAL SPECIALITY EXPERT

Mrs.K.KAYALVIZHI, _____

R.N., R.M., M.Sc. (N).,
Head of the Department – Mental Health Nursing,
Vel R.S. Medical College - College of Nursing,
No.42, Avadi - Alamathi Road,
Chennai – 600 062, Tamil Nadu.

MEDICAL EXPERT

Dr.M. ANAND PRATAP, M.B.B.S., DPM, _____

Chief Civil Surgeon & RMO,
Government general hospital,
Chennai – 600 003.

Dissertation Submitted to

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

CHENNAI

in partial fulfillment of requirement for the award of degree of

MASTER OF SCIENCE IN NURSING

APRIL, 2011

ACKNOWLEDGEMENT

My sincere and heartfelt gratitude to **God Almighty** for his support, guidance, wisdom, courage and strength from the beginning to the end of the dissertation.

I wish to express my gratitude to the **Founder, Chairman Dr.R.Rangarajan, Vice-Chairman Dr.Mrs.Sakunthala Rangarajan, Managing Directors** and **Trustees** of Vel Group of Educational Institutions, whose dynamic personality and charisma was an inspiration to many of us throughout our course in this esteemed institution.

I express my heartfelt thanks to our respected Principal **Prof.Mrs.M.Anuradha, R.N., R.M., M.Sc(N).,** Principal, Vel. R.S. Medical College-College of Nursing, whose guidance and support enabled me to do the work. I shall always be thankful to her constant encouragement, valuable in depth discussion and suggestions throughout the study.

I express my sincere thanks to **Miss.K.Sudha Devi, R.N., R.M., M.Sc(N).,** Vice Principal,& H.O.D medical-surgical nursing department Vel.R.S. Medical College – College of Nursing, Chennai for her expert suggestions and guidance.

I am greatly indebted to **Mrs.K.Kayalvizhi, R.N., R.M., M.Sc(N).,** Head of the department - Mental Health Nursing, Vel.R.S. Medical College – College of Nursing for her constant guidance, untiring efforts, practical directions and her esteemed mentorship in accomplishing this study.

I express my heart full thanks to **Mrs.Vimala, R.N., R.M., M.Sc(N).,** Lecturer, Mental Health Nursing Department, Vel.R.S. Medical College – College of Nursing Chennai, for her unfailing encouragement, constant untiring suggestions and guidance throughout the period of study.

I would like to thank the entire **M.Sc.(N) faculty members**, for their valuable suggestions and guidance.

I express my thanks to **Prof.Mr.Mani Maaran,** Principal**,** Nesamony Memorial Christian College of Arts and Science, for granting permission to conduct my study.

My deep sense of gratitude is expressed to **Dr.M.Anand Pratap, M.B.B.S., DPM.,** government general hospital, Chennai, for his guidance.

I express my heartfelt thanks to **Mrs.S.O Margaret, R.N, R.M., M.Sc(N).,** Professor, Mental Health Nursing Department for her unfailing encouragement, constant untiring suggestions and guidance throughout the period of study.

It gives me great pleasure to thank **Mrs. Grace, Mrs.Santhi, Mrs.Neelakshi,** Nursing Experts, Mental Health Nursing Department, for theirs immense help in evaluating the tool of my study.

I would like to thank **Mrs.M.Fatima Jessy,** M.S.W., M.Phil., Social Welfare Officer, Institute of Mental Health, Chennai, for her help in validating the tool of my study.

My sincere thanks to **Mr.Thennarasu**, Statistician for their suggestions and guidance in the data analysis.

I extend my warmest thanks to **Mrs.J.Jasmine Geetha**, for editing in English.

My immense thanks to the **Librarians** of Vel.R.S. Medical College – College of Nursing, The Tamilnadu Dr.M.G.R. Medical University and NIMHANS, for their help in procuring literature when required.

Gratitude is expressed to **Mr.G.K.Venkataraman,** Elite Computers for his immense patience and skill in typing the dissertation.

Above all, I offer praise from the depth of my heart to my mother **Mrs.T.Dasamma** for her strength which sustained me through the ups and downs of this study and made the study a reality. And I thank my husband **Mr.S.L.Shylin,** for his constructive criticism, support, suggestions during the preparation.

Last, but not least, I would like to express my thanks to the **study participants** for their co-operation and participation, without whom this study would have been impossible.

C.JAYANTHI

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABSTRACT

Drug dependence is a universal phenomenon with its roots in history and tradition. The adolescence is a period of biological growth and maturation, self discovery and social adaptation. The drug use may provide some pleasurable effects. The heavy and continuous use often results in disruption in the functioning of an individual as well as societies.

Public health concern about drug abuse and associated risk behaviours in young people is increasing, especially among college students who, in some countries, appear to be at particularly high risk. Indeed, the leading cause of injury and death among college students and young adults.

Studies from different parts of the world have shown that college students have a higher prevalence of drug abuse and its disorders, than noncollege youth. This could be attributed to the well established developmental phase college students go through, in which they are away from home, family and longstanding friendships.

The objective of the study was to assess knowledge and attitude on problems related to drug dependence among college students. A descriptive research design was adopted for this study. The study was conducted in Nesamony Memorial Christian College of Arts and Science, Nagercoil, the samples were selected by purposive sampling technique, among 400 college students, 200 were male and 200 were females. The data was collected from college students who fulfilled the inclusion criteria by using multiple choice questions to assess knowledge and three point Likert scale to asses attitude. The interview was conducted in English. Ethical aspects were considered throughout the study. The conceptual framework adopted for this study was modified Pender's Health Promotion Model.

The study findings revealed that among 400 college students, 5% of the students had adequate knowledge, 79.75% of the students had moderately adequate knowledge and 15.25% of the students had inadequate knowledge regarding problems related to drug dependence. It also revealed that 4.5% of the students had favorable attitude, 60.75% of the students had moderately favorable attitude and 34.75% of the students had unfavorable attitude regarding problems related to drug dependence.

The psychiatry nurse, as a nurse educator should aim at reorienting general education system and professional curriculum to suitably incorporate the preventive measures and management strategies regarding drug abuse and dependence. As a psychiatric nurse the investigator has provided information to the entire subjects about problems of drug dependence and methods to overcome substance using thoughts.

CHAPTER – I

INTRODUCTION

"It is easy to get a thousand prescriptions

But hard to get one single remedy"

-Chinese Proverb

Drug dependence is a universal phenomenon with its roots in history and tradition. The drug use may provide some pleasurable effects. The heavy and continuous use often results in disruption in the functioning of an individual as well as societies.

According to American Psychiatric Association (1987) drug dependence essentially includes the following: impaired control of drug use despite adverse consequences, development of tolerance of the drugs; withdrawal symptoms occur as a result of continuous use.

Drug dependence has been showing a rising trend all over the world including India, perhaps as a result of newer and greater stresses related to rapid changes in life styles. Drug dependence is a growing problem and consequences of drug dependence cost heavily to the community and form a major health problem. Alcohol and drug related behavioural and medical complications are a major concern for policy planners and health professionals of most of the countries. This problem has received some attention in the recent years among the general public and mental health professionals. In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of alcohol and drug users.

A National household survey was conducted in India for estimating the extent of substance dependence. The data was collected between March 2000 and November 2001. In this study, the current prevalence of alcohol was 21.4%, cannabis 3.0%, Heroin 0.2%, opium 0.4% and other opiates 0.1%. Another important finding of this survey was that in the range of 17-29% of current users of various substances were dependent users.

Studies from different parts of the world have shown that college students have a higher prevalence of drug abuse and its disorders, than noncollege youth. This could be attributed to the well established developmental phase college students go through, in which they are away from home, family and longstanding friendships. Throughout their college years, students pass through a phase of vulnerability (intellectually, emotionally and socially), in a new environment characterized by considerable peer influence, and often

aggressive promotion of alcoholic beverages. In addition to the college setting being a unique environment to which a large proportion of young people are exposed en masse, nearly all of the world's future leaders, policy-makers, and healthcare providers will have passed through the college system as young people.

College student with drug abuse has been studied extensively in India, the problem receiving frequent media attention, research finding and intervention programming. Several factors have been found to be associated with abuse and dependence, such as genetic factors, environmental factors, emotional and psychological instability, gender, sexual identity, cognitive factors, peer pressure, family history and achievement.

BACKGROUND OF THE STUDY

Drug abuse in India is as old as elsewhere, if not older. From the very beginning, cannabis drugs have been in use. Ancient books are replete with references to intoxicants such as "soma rasa ", "dev booty ", "madira" etc. Opium became popular during the Mughal period. Until recently, cocaine had many enthusiasts, especially in "red-light" areas. The post-war period saw the rise of synthetic drugs-both stimulants and depressants. Hard drugs such as heroin and lysergic acid diethylamide (LSD) are in use. Recently discovered hallucinogens such as phencyclidine hydrochloride (Angel Dust) may also be known to certain users in metropolitan areas. It is difficult to assert that the prevalence rate of psychoactive drugs in the country is comparable to that found in many western countries.

As a developing country, India is very much in these processes and hence the drug scene in the country needs to be watched. Drug abuse may not be exactly a problem of magnitude at present, but it may become one within several decades. Chavan et al (2007) conducted survey by the department of psychiatry, Govt. Medical College and Hospital, Chandigarh to estimate the pattern of substance dependence in rural and slum dwellers population of Chandigarh. In this survey 6.88% individuals of the total population surveyed (2992) fulfilled dependence criteria of ICD-10. Cannabis was the primary substance of dependence for majority of urban slum substance users and rural areas users. Age at first drug use was 20.89 ± 5.31 years (mean ± S.D) among rural population and 19.75 ± 5.4 years (mean ± SD) in urban slums. Majority of them reported having health related complications (85.71%) followed by family problems (77.31%) due to drug dependence.

In India, survey among college students reported that the prevalence rate of drug dependence is at 50% with substance wise rates being alcohol 56%, bharg 40%, ganja 40%, chares 11%, opium 3% and heroin 0.64% in 2004.

In USA, 1985, the estimate size of drug users was as follows: Cannabis 10% of general population, cocaine 6 million, Heroin 0.5 million. A survey in Sydney, Australia reported drug use among adults ages 14 – 35 as follows: Cannabis 59%, Heroin 6% and Poly drug use 16% in 1990.

In the socio-cultural context of India consistently reveal that the use of drugs is positively linked with family income in the year of 2002. Ahuja has found drug consumption to be high in upper income groups. Among students with monthly family incomes of more than Rs 1,000, a little more than half of them (51.2 per cent) were drug users. Besides, 70 per cent to 75 per cent of the student users had no source of income other than pocket-money from parents. Dube and others reported that drug use among students who came from families with a monthly income of Rs 500 and above was higher. Similarly, Khan and Unnithan reported family income and the pocket-money received as having a significant association with drug use.

Hartjen, Quinney and several others emphasized, low family education and lower socio-economic class in relation to drug use. On the other hand, Spencer and Navaratnam, while studying drug use among school-children from 13-19 years of age in Malaysia, found that drug users did not necessarily belong to socially deprived classes. Khan observed that drug awareness levels tended to increase with socioeconomic status (SES): "The higher socio economic status of the respondent, the more likely he is to use psychotropic drugs or to turn regular/habitual user ".

Kumar A et al (2003) reported on the study of the prevalence and pattern of the use of dependence-producing drugs on 1,192 postgraduate students from the faculties of Arts, Science and Commerce and final year undergraduate medical students, Agra, India. The overall prevalence rate of drug use was 50.08 % (65.22 % in medical and 34.85 % in non-medical students). The highest drug use (76.43 %) was among male medical students. Male students preferred to use alcohol and bhang while female had a preference for meprobamate followed by alcohol. In the majority of cases, the age of initiation was in the "teens". "Friends" were most responsible for suggesting drug use, although "more than one" influencing agents out-numbered all the single influencing agents. Parents were found to have a significantly "tolerant" attitude towards drug use by their off-spring. More males, particularly male medical students, than females reported drug experience. Among male

users, religion, caste, earlier education, residence (both sexes), employment status, occupation of the father, parental education and family income (among females as well) were the variables found to be significantly associated with drug use.

SIGNIFICANCE AND NEED FOR THE STUDY

The adolescence is a period of biological growth and maturation, self discovery and social adaptation. There is a need to caution the adults about the attitude determinants leading to drug dependency in adolescent students. Adolescence that grow in a complex urban environment usually fall victims of this drug culture.

Adolescents – addicts suffered from a high level of anxiety, identity disorder, low self image, frustration, impulsiveness, and low aggressiveness control associated with low academic achievements, repeated legal fines and high accident rates and deep increase in the prevalence of HIV among the infected drug users due to unsafe injecting practices.

A number of studies on drug dependence underline the influence exerted by peer groups in the initiation and sustainment of the drug habit. That the influence of companionship is important in drug use has been highlighted. While exploring the prevalence of drug use among college students, Dube and others reported that first use of habit-forming drugs was, in a large number of cases, suggested by friends. This contention is true for male users than for female users.

Dube et al conducted an attitudes survey towards drugs use at Warwick University students, U.K, they reported that most of the students consistently had moderately favorable attitude towards its use.

Khan assessed an attitude towards drugs use among college students (N = 4,415) and he found most of them had moderately favorable attitude towards intoxicants. He also reported that the attitude towards drugs use to become more favorable with age.

Attention may be diverted to the Indian context. The fact of the matter is that very few focal studies have been conducted in this area. Many accounts are available, delineating the drug-crime nexus. Kondandaram and Murthy found that the level of drug use was markedly high among habitual offenders. In another study on juvenile delinquents, they observed that 17.5 per cent of the delinquents (N= 200) were involved in drug use. (This prevalence rate is, however, hardly unusual when compared with general population groups.) In contrast, Chopra and Chopra found no marked differences between addicts and non-addicts in terms of criminal propensity. Both crime and drug dependence are complex

phenomena and the linkage between the two for its elucidation requires specific data collected under controlled conditions. Unfortunately, so far this has not been possible, and the existing body of literature is sketchy and inconclusive.

Johnston et al (2006) Increasing accurate knowledge about the risks of prescription drug misuse is likely to decrease misuse. In fact, there is an inverse relationship between level of perceived risk and likelihood of use when it comes to teenagers' willingness to misuse prescription drugs. The survey found, for example, that sedative use among 12th graders has increased in tandem with a decrease in the perceived risk of these drugs. In contrast, the increased peer-group disapproval of drugs such as marijuana is associated with a decreased use of these drugs. There are myriad influences on teens' knowledge about and attitudes toward prescription drugs.

Boyd et al (2006) First, motivations for drug misuse tend to contradict traditional ideas about adolescent drug use. The literature indicates that teens choose to misuse a drug to obtain a specific pharmacological purpose to treat pain, to relax or to perform better. Unlike other forms of adolescent drug use, the diffuse desire to feel good or get high ranks much lower as a motivation for prescription drug misuse. As a result, the prevention messages common to universal programs may not resonate with teens misusing prescription drugs. More research is needed on the progression of prescription drug misuse to understand how teens are introduced to and obtain the drug they ultimately misuse, how teens conceptualize misuse and associated risks and benefits, and what messages may change knowledge and attitudes in protective directions.

The investigator seen many college students had the habits of drug dependence. Investigator saw one of her relative had the habit of drug dependence, because of that habit he got many physical, mental and family problems. At last he undergone treatment and relieved from the habit of drug dependence. Hence the investigator felt that it is essential to assess the knowledge and attitude regarding drug dependence and management.

TITLE

Level of knowledge and attitude on problems related to drug dependence among college students.

STATEMENT OF THE PROBLEM

A study to assess the level of knowledge and attitude on problems related to drug dependence among the college students in a selected college at Nagercoil.

OBJECTIVES

1. To assess the level of knowledge among college students regarding problems related to drug dependence.
2. To assess the level of attitude among college students regarding problems related to drug dependence.
3. To correlate knowledge and attitude among college students regarding problems related to drug dependence.
4. To associate the level of knowledge among college students regarding problems related to drug dependence
5. To associate the level of Attitude among college students regarding problems related to drug dependence

NULL HYPOTHESIS

Ho1 - There will be no significant relationship between knowledge and attitude on drug dependence among college students.

VARIABLES

Research Variables:

Knowledge and attitude regarding problems related to drug dependence.

Demographic Variables:

Sex, year of studying, religion, type of family, location of family, place of staying, monthly income of family and source of information about drug dependence.

ASSUMPTIONS

1. College students may have knowledge regarding problems of drug dependence.
2. College students may have different opinion regarding problems of drug dependence.
3. Students who are in the college are more prone for drug dependence.

OPERATIONAL DEFINITIONS

Assessment

It refers to examining the level of knowledge and attitude on drug dependence among college students.

Knowledge

It refers to the awareness and ability of the students to respond to the questions on drug dependence as elicited by the structured questionnaire devised by the investigator.

Attitude

It refers to the opinion or feeling regarding drug dependence among college students as elicited by three point Likert scale designed by the investigator.

College Students

It refers to boys and girls, who are studying first year, second year and third year in selected arts and Science College.

Drug

It refers to substance such as CNS stimulants, analgesics, sedatives that produces mental disturbance and interferes with physical, social and educational functioning of college students.

Dependence

It refers to physical and/or psychological effects produced by the habitual taking of certain drugs, characterized by a compulsion to continue taking the drug.

DELIMITATIONS

1. The data collection period was delimited to four weeks.
2. The setting was delimited to one selected college at Nagercoil.

PROJECTED OUTCOME

1. The identification of knowledge and attitude regarding drug dependence will help the nurses to take meticulous actions in advance, which will prevent drug abuse.
2. The findings would provide an insight regarding areas where the students lack knowledge on drug dependence and this finding can help to plan for many education programmes and prevent hazards of drug dependence.

SUMMARY

This chapter contains background of the study, Significance and Need for the study, Title, Statement of Problem, Objectives variables of Study, Assumptions, Operational definitions, Delimitations and Projected Outcome.

ORGANIZATIONAL OF THE REPORT:

The following chapters contains

Chapter II	-	Review of Literature & Conceptual framework
Chapter III	-	Research Methodology
Chapter IV	-	Data analysis and Interpretation
Chapter V	-	Discussion
Chapter VI	-	Summary Recommendation, Nursing Implication and Limitation

The report ends with Bibliography and Appendices.

CHAPTER – II

REVIEW OF LITERATURE

The review of literature is essential to all steps of the research process. This prospective, review is based on broad, systematic and critical collections and evaluation of the important published scholarly literature and unpublished research findings. Reading the literature is to develop sound studies that contribute to development of knowledge in the aspect of theory, research, education and practice.

Review of literature is a critical summary of research on a topic of interest, often prepared to put a research problem in context or as the basic for an implementation project (Polit and Hungler, 2002).

Review of literature was done for the present study and presented in the following headings.

Part – I: Review Of Literature

Section A: General information on drug dependence

Section B: literature related to knowledge and attitude regarding drug dependence

Section C: literature related to other aspects of drug dependence

Part – II:

Conceptual Framework

PART – I

SECTION – A: GENERAL INFORMATIONN ON DRUG DEPENDANCE

Definition

Drug dependence means that a person needs a drug to function normally. Abruptly stopping the drug leads to withdrawal symptoms. Drug addiction is the compulsive use of a substance, despite its negative or dangerous effects.

Classification

DSM-IV substance dependencies

303.90 Alcohol dependence

304.00 Opioid dependence

304.10 Sedative, hypnotic, or anxiolytic dependence

304.20 Cocaine dependence

304.30 Cannabis dependence

304.40 Amphetamine dependence (or amphetamine-like)

304.50 Hallucinogen dependence

304.60 Inhalant dependence

304.80 Polysubstance dependence

304.90 Phencyclidine (or phencyclidine-like) dependence

304.90 Other (or unknown) substance dependence

305.10 Nicotine dependence

Causes

Drug abuse can lead to drug dependence or addiction. People who use drugs for pain relief may become dependent, although this is rare in those who don't have a history of addiction.

The exact cause of drug abuse and dependence is not known. However, a person's genes, the action of the drug, peer pressure, emotional distress, anxiety, depression, and environmental stress all can be factors.

Peer pressure can lead to drug use or abuse, but at least half of those who become addicted have depression, attention deficit disorder, post-traumatic stress disorder, or another mental health problem.

Children who grow up in an environment of illicit drug use may first see their parents using drugs. This may put them at a higher risk for developing an addiction later in life for both environmental and genetic reasons.

Commonly abused substances include:

- Opiates and narcotics are powerful painkillers that cause drowsiness (sedation) and sometimes feelings of euphoria. These include heroin, opium, codeine, meperidine (Demerol), hydromorphone (Dilaudid), and oxycodone (Oxycontin).
- Central nervous system (CNS) stimulants include amphetamines, cocaine, dextroamphetamine, methamphetamine, and methylphenidate (Ritalin). These drugs have a stimulating effect, and people can start needing higher amounts of these drugs to feel the same effect (tolerance).
- Central nervous system depressants include alcohol, barbiturates (amobarbital, pentobarbital, secobarbital), benzodiazepines (Valium, Ativan, Xanax), chloral hydrate, and paraldehyde. These substances produce a sedative and anxiety-reducing effect, which can lead to dependence.
- Hallucinogens include LSD, mescaline, psilocybin ("mushrooms"), and phencyclidine (PCP or "angel dust"). They can cause people to see things that aren't there (hallucinations) and can lead to psychological dependence.
- Tetrahydrocannabinol (THC) is the active ingredient found in marijuana (cannabis) and hashish.

Symptoms

Some of the symptoms and behaviors of drug dependence include:

- Confusion
- Continuing to use drugs even when health, work, or family are being harmed
- Episodes of violence
- Hostility when confronted about drug dependence
- Lack of control over drug abuse - being unable to stop or reduce alcohol intake
- Making excuses using drugs
- Missing work or school, or a decrease in performance
- Need for daily or regular drug use to function
- Neglecting to eat
- Not caring for physical appearance
- No longer taking part in activities because of drug abuse

- Secretive behavior to hide drug use
- Using drugs even when alone

Exams and Tests

Drug tests (toxicology screens) on blood and urine samples can show many chemicals and drugs in the body. How sensitive the test is depends upon the drug itself, when the drug was taken, and the testing laboratory. Blood tests are more likely to find a drug than urine tests. However, urine drug screens are done more often.

Opiates and narcotics are usually in the urine 12 to 36 hours after the last use, depending on the amount used and how often the drug was used.

CNS stimulants such as cocaine can be found in urine for 1 to 12 days, again depending on how often the drug was used.

CNS depressants such as Valium and Xanax are found up to 7 days after the last day of use, mostly depending on the substance used and how quickly the body removes it (its half-life).

Most hallucinogens also can be found in the urine up to 7 days after the last use. However, evidence of marijuana can be found for up to 28 days after its last use in regular users.

Treatment

People with acute intoxication or drug overdose may need emergency treatment. Sometimes, the person loses consciousness and might need to be on a breathing machine (mechanical respirator) temporarily. The treatment depends on the drug being used.

Sometimes a drug with a similar action is taken instead, to reduce the side effects and risks of withdrawal. Detoxification can be done on an inpatient or outpatient basis.

Treatment programs include counseling, both for the person (and perhaps family), and in group settings. Drug abuse treatment programs have a long after-care part (when the user is released from the medical facility), and provide peer support.

Support Groups

Many support groups are available in the community. They include Narcotics Anonymous (NA), Ala-Teen, and Al-Anon. Most of these groups follow the 12-Step program used in Alcoholics Anonymous (AA). SMART Recovery and Life Ring Recovery are programs that do not use the 12-step approach. You can find support groups in your phone book.

Complications

The complications of drug abuse and dependence include:

- Bacterial endocarditis, hepatitis, thrombophlebitis, pulmonary emboli, malnutrition, or respiratory infections, caused by drug use by injection
- Depression
- Drug overdose
- Increase in various cancer rates; for example, lung and pharynx cancer are linked to nicotine use; mouth and stomach cancer are associated with alcohol abuse and dependence
- Infection with HIV through shared needles
- Problems with memory and concentration, for example with hallucinogen use, including marijuana (THC)
- Problems with the law
- Relapse of drug abuse
- Unsafe sexual practices, which may result in unwanted pregnancies, sexually transmitted diseases, HIV, or hepatitis

Prevention

Drug education programs may be helpful though none has proved effective in the long term.

SECTION – B: LITERATURE RELATED TO KNOWLEDGE AND ATTITUDE REGARDING DRUG DEPENDENCE

Brandys J et al (2009) survey carried out in lines of medical students was assessed prevalence of substance use and attitudes toward the problem of substance. The study was performed in the group of 485 students, including 378 from the Pharmaceutical Faculty and 107 from Medical Laboratory Department in all years. It was found the largest proportion of substance use students on the IV and V year. The greatest knowledge of drug dependence Faculty of Pharmacy students acquired in class with toxicology, physiology and biology.

Forney PD et al (2009) administered an in-depth questionnaire regarding their knowledge, attitudes, and behavior regarding drug dependence. A number of analyses indicated that the student user was most typically male, between the ages of 14 and 15 years with an above average knowledge about drug dependence and liberal attitudes toward drug use. The adolescent heavy user is more likely to have best friends.

Haemmerile FM et al (2009), assessed knowledge possessed by male and female junior high school and college students (N = 422) about the teratogenic effects of alcohol. Although most students were aware that, alcohol is a teratogenic substance, they demonstrated little knowledge of the nature and timing of possible specific negative effects.

Judson R et al (2009), conducted a study on drug dependence to investigate the relationship between prescription status, motives, theory of planned behavior, knowledge of side effects and self-diagnostic tendencies, and illicit use of prescription stimulants among undergraduates (N = 333). Results revealed that dependent variables were significantly different between illicit users and non-illicit users. Specifically, prescription holders were more likely than non-holders to report illicit use.

Syed Nabeel Zafar et al (2009) conducted a study on drug dependence to assess the prevalence, attitude and knowledge of self-medication amongst university students of Karachi, Pakistan. All the 572 participants, 295 were medical and 277 were non-medical students. The prevalence of self-medication was 76%. 43% students stated that they alter the regimen of prescribed medicines while 61.9% stated that they stop taking a prescribed medicine without consulting a doctor

Baldwin JN et al (2008) conducted a study on drug dependence attitudes and behaviors toward Alcohol and Other Drug use were assessed among a subgroup of Allied Health and Physician Assistant students. Allied Health/Physician Assistant group, a family history of alcohol-related problems was reported by 40.1% and drug-related problems by

11.3%, with 42.5% of respondents reporting one or both. Such histories of family alcohol and drug problems were reported by 47.8% or 18.5% of Physician Assistant students, respectively. Past-year alcohol, tobacco, and marijuana use were reported, respectively, by 88.1%, 26.1%, and 6.7%.

Gong J et al (2008) investigated the knowledge, attitude and perceived social norm on the use of New Type of Drugs. With stratified random group sampling, 3018 students. The overall prevalent rate of New Type of Drugs was 3.28%, with 4.81% for males, 1.94% for females, 1.80% for middle school students, 2.91% for general high school students, 7.83% for vocational school students and 3.25% for college students. Adolescent New Type of Drugs was significantly predicted by knowledge, attitude, and perceived social norm which were all directly affecting or medicated by the susceptibility of drugs.

Healy C et al (2008) conducted a study on drug dependence to determine the knowledge and attitudes of students towards the deleterious effects of tobacco in the mouth and towards tobacco use cessation in dental practice. There was a 90% response rate. In all, 12% of dental students, 25% of dental hygiene students and 31% of dental nursing students were current smokers. Newly qualified dental hygienists were as knowledgeable about tobacco effects in the mouth as newly qualified dentists.

He Q et al (2008) conducted a study on drug dependence to assess the knowledge, attitude and behavior on drugs abuse among junior middle school students. Among 1079 junior middle school students, 80.00% of them having good grades for questions about drugs in general while 34.24% ones having poor grades for questions regarding drug addiction. 54.47% and 41.79% of the students were puzzled on questions related to the harm of drug on brain and body respectively. 30.00% of the students misunderstood the behaviors related to drugs and another 3.20% of them were curious about drugs. 1.58% of the boys and 1.22% of the girls ever having used drugs.

Tahtamouni LH et al (2008) conducted study to measure the extent of androgenic steroids abuse among two targeted groups in Jordan, college students and athletes, and the risk factors associated with this abuse. Of the investigated collegiate students, 4.2% were current users, while the other 26% among the athletes; the mean age of users in the two groups was 19 to 28 years, respectively. Almost one-third of the students started abusing androgenic steroids abuse before the age of 15 years while more than half of the athletes started between the ages of 15 to 18 years.

Lynch AM et al (2007) conducted a study on drug dependence compared college students' attitudes, normative beliefs and perceived negative consequences of driving after

use of either alcohol or marijuana and tested these cognitive factors as risk factors for substance-related driving. Results indicated that youth perceived driving after marijuana use as more acceptable to peers and the negative consequences as less likely than driving after alcohol use, even after controlling for substance use

McCabe et al (2007) explored nonmedical use of prescription opioids in a sample of 4,580 undergraduate college students. Lifetime prevalence of nonmedical use was 14.3%, and past-year prevalence was 7.5%. 63% percent of lifetime nonmedical users reported that 'relieving pain' was the motivation for using. Other common motivations were to feel good or get high (31.9%) and experimentation (26.8%). Males were twice as likely as females to report using these drugs to get high. The risk of other drug use was highest for those individuals who reported 'getting high' as their motivation for use.

Salahuddin FF et al (2007) conducted a study on drug dependence to assess drug abuse is hazardous and known to be prevalent among young adults. The most commonly cited reasons for why some students take these drugs were peer pressure (96%), academic stress (90%) and curiosity (88%). The most commonly cited justifiable reason was to go to sleep (34%). According to 77%, living in the college male hostel predisposed one to using these drugs. 60% of students said that the drugs did not improve to exam performance, while 54% said they alleviated stress.

Friedman (2006) examined prescription of drug misuse through this construct, proximal influences on teen knowledge and attitudes include the teen's own motivations for prescription drug misuse, messages received from parents and peers on this topic, and conversations between these groups about the topic. For example, teen motivations to the prescription of drugs misuse for feature self-medication. Teenagers may use street drugs for recreational purposes, but they more often report the use of prescription drugs for practical effects: hypnotic drugs for sleep, stimulants to enhance concentration and performance, and tranquilizers to decrease stress.

Gatins DE et al (2006) conducted an ongoing investigation, data were collected on behaviors and attitudes about substance abuse and general knowledge about substances for high school students (N = 1,103) during 2002-2003 and 2003-2004 academic years. In preliminary analyses no meaningful sex differences were found for type or frequency of use, attitudes about substance use, or knowledge about substances. Lack of meaningful sex differences was evident even when compared by sex group were made within this ethnic minority population as well as in school Grades 10, 11, and 12. It is suggested that being a

boy or a girl may have little to do with the American middle-class adolescents' choice to use substances.

Samhsa (2006) published survey findings, in that over 60% of teens report that prescription pain relievers are easy to get from parents' medicine cabinets, and when teens which have used prescription pain relievers are asked where they obtained the drugs, most reported that they got them free from friends.

Teter et al (2005) conducted a study on drug dependence to assess the teen knowledge and attitudes toward prescription drugs and their use and misuse. Study was conducted from 9,161 undergraduate students, they found 70% students had moderate knowledge, 14.5% had inadequate knowledge, 15.5% had adequate knowledge and more than half of them had moderately favorable attitude. 8.1% were reported illicit use of prescription stimulants in their lifetime, and 5.4% were reported use in the past year The three most common reasons given for nonmedical use of stimulant medications were to help with concentration (58%); increase alertness (43%); and get high (43%). More than half the respondents gave more than one motive for use.

Torabi MR et al (2002) compared the knowledge, attitude and practice regarding tobacco use of college students in China and the United States (US). A total of 2131 usable surveys were collected. Both descriptive and inferential statistical tests were employed in data analysis. Compared with Chinese college students, American students scored higher in knowledge but lower on the attitude scale of the questionnaire. American respondents also more likely to smoke cigarettes and use other tobacco products. Chinese students, on the other hand, had a higher rate of starting smoking at age 13 years or younger and were less likely to have tried to quit.

SECTION – C: LITERATURE RELATED TO OTHER ASPECTS OF DRUG DEPENDENCE

Kerbs CP et al (2009) conducted a study on drug dependence among studied college women’s experienced with physically forced, alcohol or other enabled and drug facilitated sexual assault before and since entering college. Result findings indicate that almost 20% of undergraduate women experienced some type of completed sexual assault since entering college. Most sexual assaults occurred after the women voluntarily consumed alcohol, whereas few occurred after women had been given a drug without their knowledge or consent.

Randoloph ME et al (2009) conducted a study on drug dependence to assess the role of gender and ethnicity in the relationship between alcohol use and risky sexual behavior. Result found approximately one-third of participants reported binge drinking of three or more times in the past two weeks. Older men engaged more often than younger men in binge drinking and reported more sexual partners in the past year. Younger age and greater perceived risk for HIV were positively associated with condom use for both women and men.

Arria AM et al (2008) conducted a study on drug dependence described the level of perceived harmfulness of non-medical prescription stimulant and analgesic use in a sample of college students. Results revealed that one in four students perceived a great risk of harm from occasional non-medical use of prescription stimulants (25.2%) and analgesics (27.8%). As expected, low perceived harmfulness and high sensation-seeking were independently associated with increased risk of nonmedical use, holding constant demographic characteristics.

Dube K C et al (2008) conducted a research in Research Centre Mental Hospital Agra (U.P.) India assessed Prevalence and pattern of drug use on 1,192 postgraduate students from the faculties of Arts, Science and Commerce and final year undergraduate medical students. The overall prevalence rate of drug use was 50.08 % (65.22 % in medical students and 34.85 % in non-medical). The highest drug use (76.43 %) was among male medical students.

Yusko DA et al (2008) conducted a study sought to identify risk and protective factors associated with student-athlete drinking and determine if student-athlete risk factors differed from those of non-athletes. In the overall sample, higher sensation seeking, overestimation of peer heavy drinking, non-use of protective behaviors while drinking, and higher enhancement and coping drinking motives were associated with greater frequency of heavy episodic drinking and more negative drinking consequences.

Chavan BS et al (2007) conducted epidemiological survey by the department of psychiatry, Govt. Medical College and Hospital, Chandigarh to estimate the pattern of alcohol and other substance dependence in rural and slum dwellers population of Chandigarh. In this survey 6.88% individuals of the total population surveyed (2992) fulfilled dependence criteria of ICD-10. Age at first drug use was 20.89 ± 5.31 years among rural population and 19.75 ± 5.4 years in urban slums. Majority of them reported having health related complications (85.71%) followed by family problems (77.31%) due to drug dependence.

Griffin KW et al (2005) conducted a study on drug dependence and long-term follow-up data from a large-scale randomized trial to determine the extent to which participation in a school-based drug abuse prevention program during junior high school led to less risky driving among high school students. Analyses revealed that males were more likely to have violations and points on their driving records than females, and regular alcohol users were more likely to have violations and points than those who did not use alcohol regularly.

Wolin KY et al (2005) conducted a study on examined the association between perceived racial/ethnic harassment and tobacco use in 2129 African American college students in North Carolina. Harassed participants were twice as likely to use tobacco daily (odds ratio = 2.01; 95% confidence interval=1.94, 2.08) compared with those with no reported harassment experiences. Experiences of racial/ethnic harassment may contribute to tobacco use behaviors among some African American young adults.

Gurmeet Singh and Raj Pal Singh (2004) conducted a study on drug dependence among 750 undergraduate students of the Medical College, Patiala. A majority of the students (78.6%) were poly-drug users, the commonest drugs used being alcohol (58%), tranquillizers (47%), and tobacco (36%). The only other drugs used on a daily basis were stimulants (0.9%), and sedatives (0.3%). Of the opium users 81.8%, and over 60% of alcohol and tobacco users. The percentage of drug users increases by approximately 10% in every year of their medical studies.

Kebede Y (2002) conducted a study on assess the prevalence and risk factors of cigarette smoking and khat chewing. Results found, Seventy six (42.0%) instructors were either lifetime smokers or lifetime khat chewers or both. The current prevalence rates of cigarette smoking and khat chewing were found to be 13.3% and 21.0%, respectively. The majority of the instructors started smoking (56.8%) and khat chewing (40.0%) while they were senior high school or first year college students

Donnelly J et al (2001) conducted a study on assess association between sexual abstinence and use of alcohol, cigarettes, and marijuana was examined in data from questionnaires completed by 874 students in Grades 6 to 8 at six urban schools. It focused on raising self-esteem, improving communication skills, and learning to set life goals. Use of each drug (alcohol, tobacco, and marijuana) was significantly ($p < .00001$) and positively associated with self-report of having experienced sexual intercourse and expectation of having intercourse during the next year.

PART – II

CONCEPTUAL FRAMEWORK

A conceptual framework or a model is made up of concepts, which are the mental images of the phenomenon. It offers framework of prepositions for conducting research. These concepts are linked together to express the relationship between them. A model is used to denote symbolic representation of the concepts.

A conceptual framework is interrelated concepts on abstractions that are assembled together in some national scheme by virtue of their relevance, to a common theme. It is a device that helps to stimulate research and the extension of knowledge by providing both direction and implication (Polit and Hungler, 1995).

This section deals with conceptual framework adopted for the study. A conceptual framework or model provides the investigator the guidelines to proceed in attaining the objectives of the study based on a theory. It is a schematic representation of the steps, activities and outcomes of the study.

Modified Pender's Health Promotion Model (1987)

The modified Pender's Health Promotion model is adapted to this study. This model seeks to increase the individual's level of well-being. The model focuses on modifying factors, cognitive factors and likelihood of participation in health promotion behavior.

This model is used to predict likelihood of person engaging in health promoting behaviours. The cognitive factors reflect on individual's being, additional modifying factors influencing the way a person perceived the benefits and barriers of health action, which influence the person's likelihood of action.

As the investigator aimed at assessing the knowledge and attitude on drug dependence among college students, the Pender's Health Promotion model was found suitable to assess the knowledge of students and their attitude towards drug dependence.

Modifying Factors

Individual perception about knowledge and attitude on drug dependence is affected by modifying factors like demographic factors such as sex, year of studying, religion, type of family, place of staying, family income and information about drug dependencies obtained.

Cognitive Factors

It includes the level of knowledge and attitude. It depends on individual factors. It can be either adequate knowledge and a favorable attitude or inadequate knowledge and an unfavorable attitude which motivates the students to take or prefer an action to overcome their existing problem.

Likelihood of Action

The likelihood of action of this study is the outcome of the forces of modifying factor and cognitive factor result in the health outcome in terms of satisfied and a healthy life or unsatisfied and unhealthy life.

On this model, the investigator interacts with the subject to assess the knowledge and attitude on drug dependence. The outcome of this could be adequate or inadequate knowledge and favorable or unfavorable attitude. Those with adequate knowledge and favorable attitude enhance the likelihood of action and this will promote optimum healthy life by compliance.

On the other hand, those who have inadequate knowledge and unfavorable attitude on drug dependence results in poor likelihood which will add to unhealthy life by non-compliance, at this juncture, the nurse provides pamphlet and incidental health teaching to enhance compliance, promote an optimum healthy and a satisfied life.

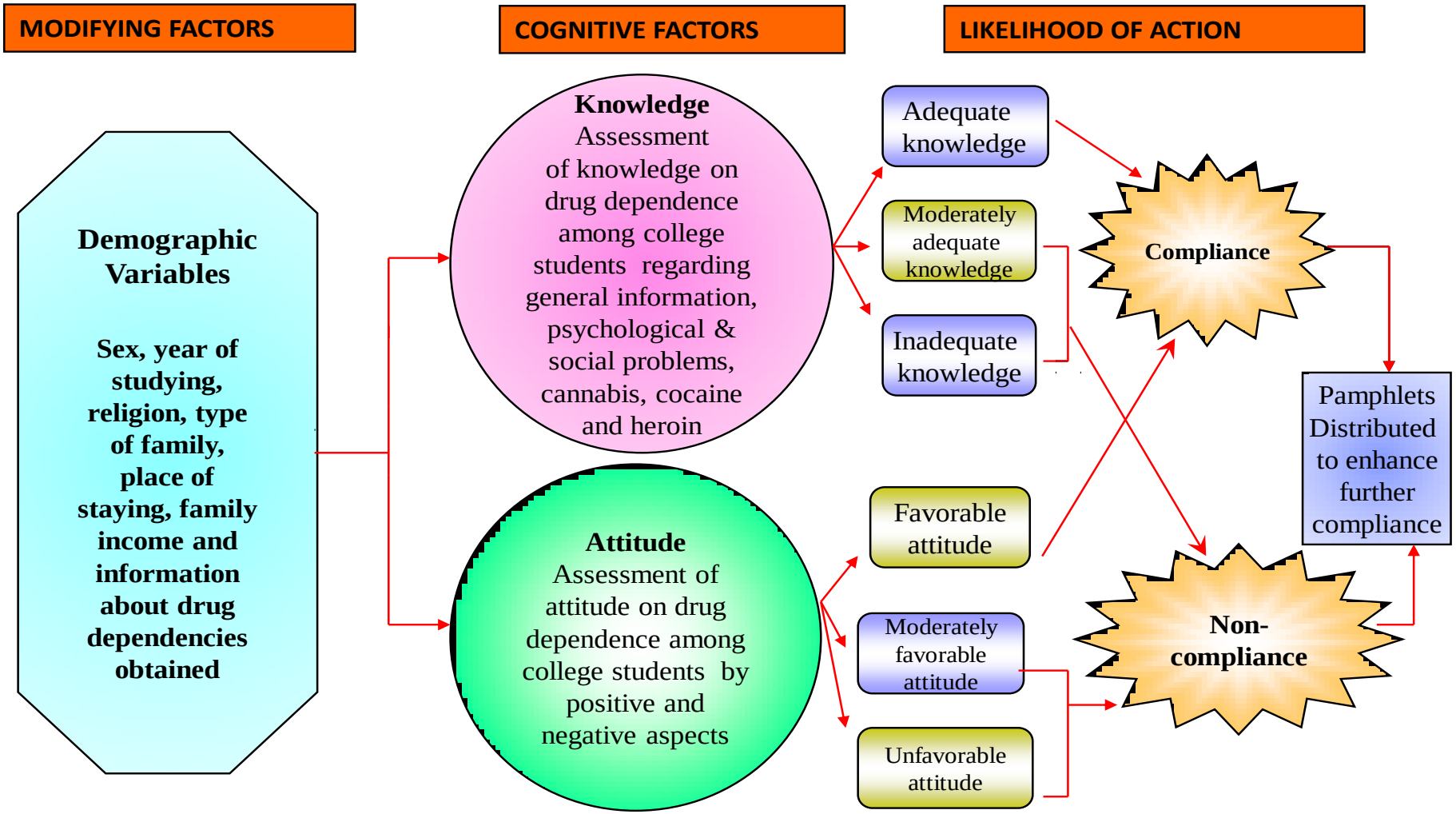


FIG.1: MODIFIED PENDERS HEALTH PROMOTION MODEL(1987)

CHAPTER – III

RESEARCH METHODOLOGY

Research methodology involves systematic procedure which the research starts from initial identification of the problem to its final conclusion. The role as methodology consists of procedure and technique for conducting a study. (Sharma, 1992).

This chapter includes research approach, research design, variables under study, research setting, population, sample, sample size, sampling technique, criteria for sample selection, and description of the research tool, validity of the tool, reliability of the tool, ethical considerations, pilot study, data collection and data analysis procedure.

RESEARCH APPROACH

A research approach tells the researcher from where the data has to be collected, what to collect, how to collect and analyze, then it also suggests the possible conclusion and helps the researchers in answering specific research in a most accurate and efficient way possible. (Rose Grippa Gotehery Lucerol, 1994).

The descriptive research approach was used for the present study.

RESEARCH DESIGN

Research design is the overall plan for addressing a research question, specification for enhancing the integrity of the study (Polit and Hungler, 1999).

The research design selected for the study was non experimental descriptive research design.

VARIABLES UNDER STUDY

Research Variables:

Knowledge and attitude regarding problems related to drug dependence.

Demographic Variables:

Sex, year of studying, religion, type of family, location of family, place of staying, monthly income of family and source of information about drug dependence.

RESEARCH SETTING

A setting of the study refers the physical location and condition in which data collection takes place (Polit and Hungler (1999).

The study was conducted at Nesamony Memorial Christian College of Arts and Science, Nagercoil. The college situated in urban area. The total student strength of the college is 3048.

POPULATION

Population refers to the entire set of individuals having some common characteristics and it is important to make distinction between target and accessible population.

Target population

Target population of the study comprised of all arts and science college students

Accessible Population

Accessible population of the study comprised of arts and science college students who are studying in Nesamony memorial Christian college, Nagercoil.

SAMPLE

Sample is a subset of a population selected to participate in a research study. Sampling refers to the process of selecting a portion of the population to represent the entire population (Polit and Hungler, 1999).

The sample of the study comprised of all students from Nesamony memorial Christian college who fulfilled the inclusion criteria.

SAMPLE SIZE

The sample size consists of 400 college students from Nesamony memorial Christian college who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

Sampling technique refers to the process of selecting the population to represent the entire population. The sampling technique employed in this study was purposive sampling technique. According to the investigators convenience, the college students who are studying in Nesamony memorial Christian college of Arts & Science and who fulfilled the inclusion criteria were selected as samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

1. College students who can read and write English.
2. College students who were willing to participate in the study

Exclusion Criteria

1. College students who had problems related to drug addiction and taking treatment for the same.
2. College students who were absent during data collection.

METHOD OF DEVELOPING THE QUESTIONNAIRE

The following steps were carried out in developing questionnaire.

1. Literature review
2. Expert Opinion

Literature review

Literature from books, journals, periodicals, published, unpublished studies and newspaper articles were reviewed and developed the tool.

Expert Opinion

The investigator had discussed with the experts and incorporated their valuable suggestions in developing the tool.

DESCRIPTION OF THE RESEARCH TOOL

After an extensive review of literature, discussion with experts and the investigator's personal experience, two types of tools were developed to collect the data.

1. A self administered questionnaire to assess the knowledge on drug dependence.
2. Three point Likert scale to assess the attitude on drug dependence.

Format of the structured questionnaire includes,

Section A: Consists of demographic variables

Section B: Consists of multiple choice questions to assess the knowledge regarding problems related to drug dependence.

Section C: Three point Likert scale to assess the attitude regarding problems related to drug dependence.

Section – A

Socio Demographic Variables include Sex, year of studying, religion, type of family, location of family, place of staying, monthly income of family and source information about drug dependence.

Section – B

The responses were categorized as choosing one correct answer from the three choices for each question was used to assess the knowledge regarding problems related to drug dependence among students. It includes meaning, causes and concept, legal and psychological factors.

Section – C

The attitude scale consisted of 22 items in which 11 positive and 11 negative items. It includes social, biological, psychological, religious, cultural, anticipation and legal factors. A likert type three point scale was provided to record the response [agree, uncertain, disagree]

SCORING KEY

With respect to knowledge scale the scoring was designed as follows,

Each question carries one correct answer out of three choices. Each correct answer carries one mark and no mark for wrong answers and thus totaling to a maximum of 32 marks.

The score was classified as,

0-16	-	Inadequate knowledge
17-24	-	moderately adequate knowledge
25-32	-	Adequate knowledge

With respect to attitude scale the scoring was designed as follows,

Each item has 3 responses. For positive items, 2 marks for agree, 1 marks for uncertain, 0 mark for disagree. For negative items, 0 mark is awarded for agree, 1 marks for uncertain, 2 marks for disagree thus totaling to a maximum of 44 marks.

To interpret the level of attitude the scores were classified as,

0-22	-	Unfavorable attitude
23-33	-	Moderately favorable attitude
34-44	-	Favorable attitude

VALIDITY OF THE TOOL

The content of the research tool was validated by one psychiatrist, 3 psychiatric nursing experts and one psychologist. Minor suggestions regarding rearrangement and modification of questions were made in the tool. The expert's suggestions were incorporated in the tool and it was finalized and used for the main study.

RELIABILITY OF THE TOOL

The reliability of the tool was obtained by establishing test-retest method for both knowledge and attitude and the "r" value was r = 0.8 for knowledge and r = 0.8 for attitude and the tool was found to be reliable to conduct main study. The scores indicate a high correlation and hence the tool was considered as reliable.

ETHICAL CONSIDERATIONS

Ethical consideration refers to a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to the study participants (Polit and Hungler, 2001).

The study was conducted only after the approval of Dissertation Committee. Before proceeding the study The formal consent was taken from Principal of Nesamony Memorial Christian College of Arts and Science, Nagercoil. College students were explained clearly about the study purpose and a verbal consent obtained before interviewing. All information about samples were kept confidential.

PILOT STUDY

Pilot study refers to a small scale version, or trial run done in preparation for a major study. Pilot study also tests the reliability, practicability, appropriateness and feasibility of the study and the tool (Polit and Hungler, 1999).

The pilot study was conducted at Vel.R.S, Medical college-college of physiotherapy, from 2.05.2010 to 05.05.2010. The investigator selected 20 students by purposive sampling technique who fulfilled inclusion criteria. Informed oral consent was obtained from students. A brief introduction about self and the study was given to the students by the investigator. Structured self administered questionnaire was given and asked them to fill it. The study revealed a positive correlation ($r = 0.8$) between knowledge and attitude which was highly significant at $p<0.001$ level. There was no practical difficulties met by the investigator and the tools were considered to be reliable and appropriate. Hence, the same procedure was decided to be followed in the main study.

DATA COLLECTION PROCEDURE

The study was conducted on 19.06.2010. The researcher obtained a written permission from the Principal of Nesamony memorial college of arts and science Nagercoil. The investigator selected 400 college students by purposive sampling technique. It was conducted in two sessions. Students gathered in a auditorium with the help of staffs. Informed consent was obtained from the college students. A brief introduction about self

and the study was given by the investigator and confidentiality of the responses was assured. The data was collected by self administered questionnaire. The investigator collected 400 samples on the day to assess the knowledge and attitude by using multiple choice knowledge questionnaires and three point Likert scale respectively. The investigator issued the questionnaire to the respondents, after the completion of the questions investigator received back the questionnaire. At the end of the study pamphlets was distributed with information regarding problems related to drug dependence and explained by the investigator. Ethical aspects were considered throughout the study.

Date	Number of Samples
19-06-2010	400

DATA ANALYSIS PROCEDURE

Both descriptive and inferential statistics were used.

Descriptive Statistics

Analysis of demographic data of students was done in terms of frequency and percentage distribution. Mean and standard deviation was used to compute the knowledge and attitude on problems related drug dependence.

Inferential Statistics

Correlation coefficient was used to study the correlation between knowledge and attitude with socio demographic variables

Chi-square test was used to associate the knowledge and attitude with the demographic variable.

Analysis and interpretation of the data are given in the following chapter.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from 400 samples to assess the level of knowledge and attitude on problems related to drug dependence among the college students.

Descriptive and inferential statistics were used for the analysis of the data. As per the objectives of the study, the interpretation has been tabulated and organized as follows:

ORGANIZATION OF DATA

Section A **:** Socio demographic variables of the college students

Section B **:** Assessment of level of knowledge regarding problems related to drug dependence among college students

Section C **:** Assessment of attitude regarding problems related to drug dependence among college students

Section D **:** Correlation of knowledge with attitude regarding problems related to drug dependence among college students

Section E **:** Association of level of knowledge regarding problems related to drug dependence among college students with their demographic variables

Section F **:** Association of attitude regarding problems related to drug dependence among college students with their demographic variables

Table 1 : Frequency and percentage distribution of demographic variables of the college students

N = 400

S.No	Demographic Variables	No	%
1.	**Sex**		
	Male	200	50.00
	Female	200	50.00
2.	**Year of studying**		
	First year	133	33.25
	Second year	133	33.25
	Third year	134	33.50
3.	**Religion**		
	Hindu	280	70.00
	Muslim	2	0.50
	Christian	118	29.50
4.	**Type of family**		
	Joint family	81	20.25
	Nuclear family	312	78.00
	Broken family	7	1.75
5.	**Location of family**		
	Urban	308	77.00
	Suburban	9	2.25
	Rural area	83	20.75
6.	**Place of staying**		
	Home	267	66.75
	Hostel	108	27.00
	Mansion	25	6.25
7.	**Monthly income of the family**		
	Rs.<5000	150	37.50
	Rs.5000 – 10000	174	43.50
	Rs.>10000	76	19.00
8.	**Information about drug**		
	Family members	79	19.75
	Friends	236	59.00
	Media	85	21.25

Table 1 shows the frequency and percentage distribution of demographic variables of college students.

With regard to sex, 200(50.00%) college students were male and remaining 200(50.00%) were female.

Considering the year of studying majority 134(33.50%) students were third year, 133(33.25%) were second year and 133(33.25%) were first year.

With regard to religion, majority 280(70%) students were Hindus, 118(29.5%) were Christians, 2(0.5%) were Muslims and none of them belonging to other religion.

Regarding type of family, majority 312(78%) students belonged to nuclear family, 81(21.25%) belonged to joint family, and 7 (4.43%) belonged to broken family.

Regarding location of the family, majority 308(77%) students were from urban area, 83(20.75%) from rural and 9(2.25%) from sub urban.

With regard to the place of staying, majority 267(66.75%) students were in home, 108(27%) were in hostel and 25(6.25%) were in mansion.

The data on family income, majority 174(43.5%) students family had between Rs.5000 –10000, 150(37/5%) had below Rs.5000 and 26(19%) had above Rs.10000.

With regard to source of information about drug, majority 236(59%) students obtained from friends, 81(21.25%) obtained from media and remaining 79(19.75%) obtained from family members.

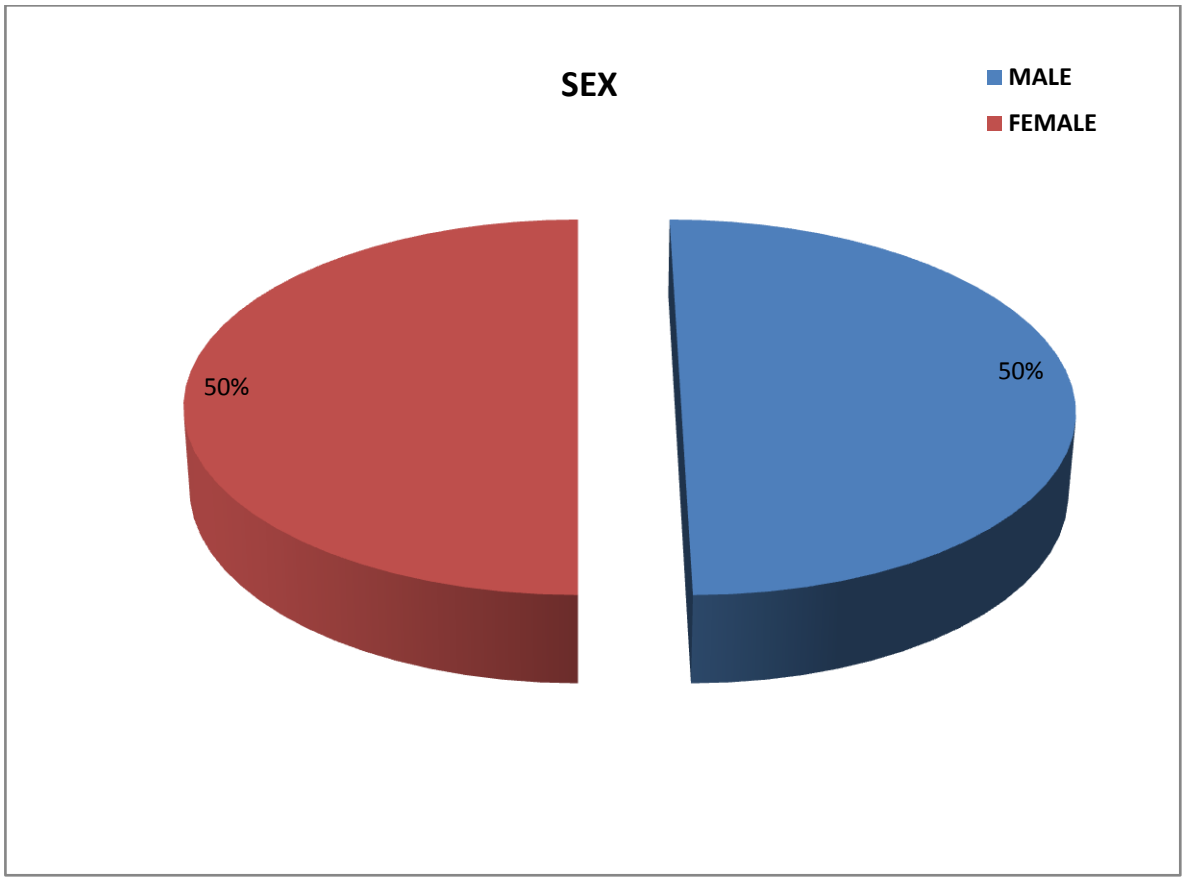


Fig.2: Percentage distribution of sex of students

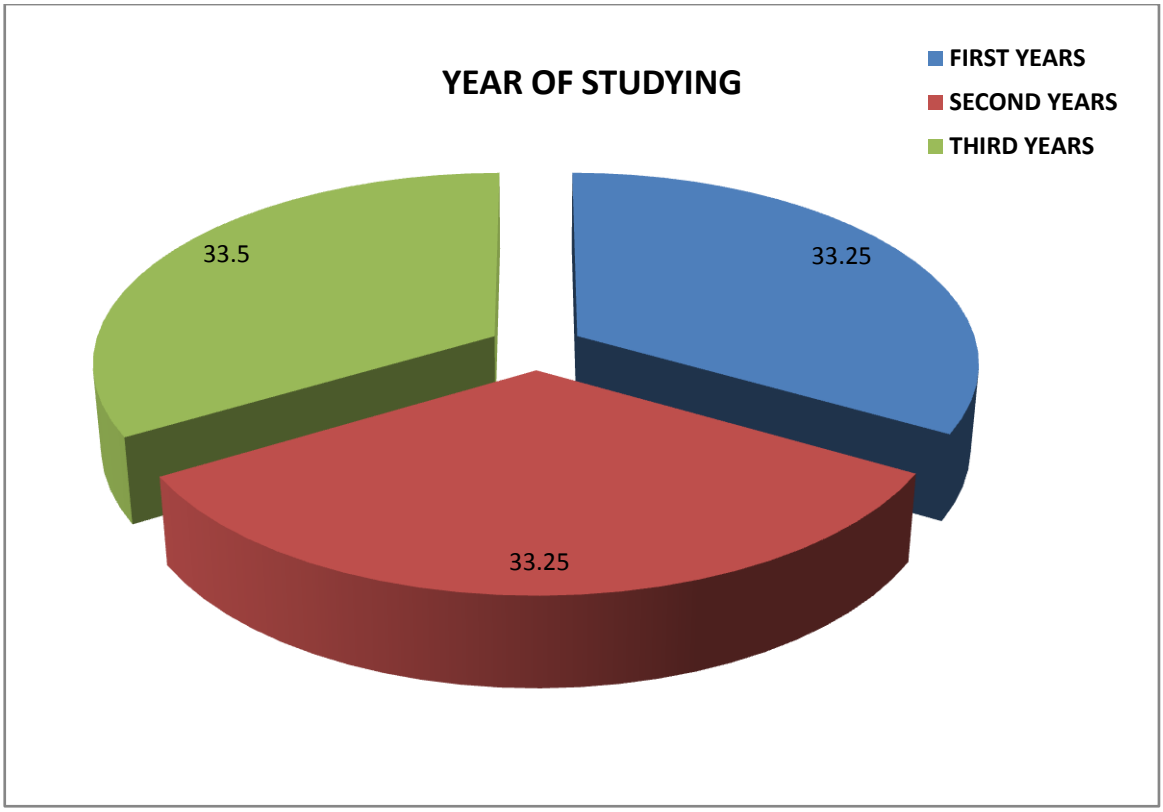


Fig.3: Percentage distribution of year of studying of students

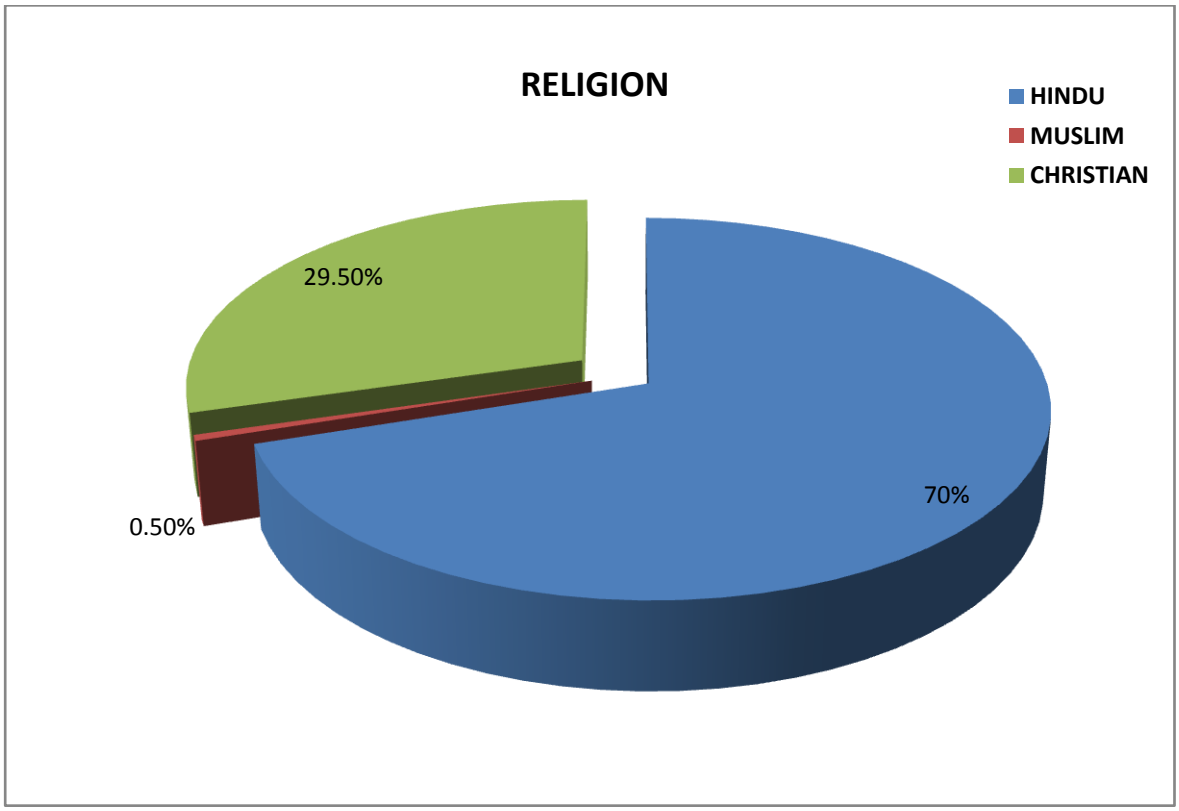


Fig.4: Percentage distribution of religion of students

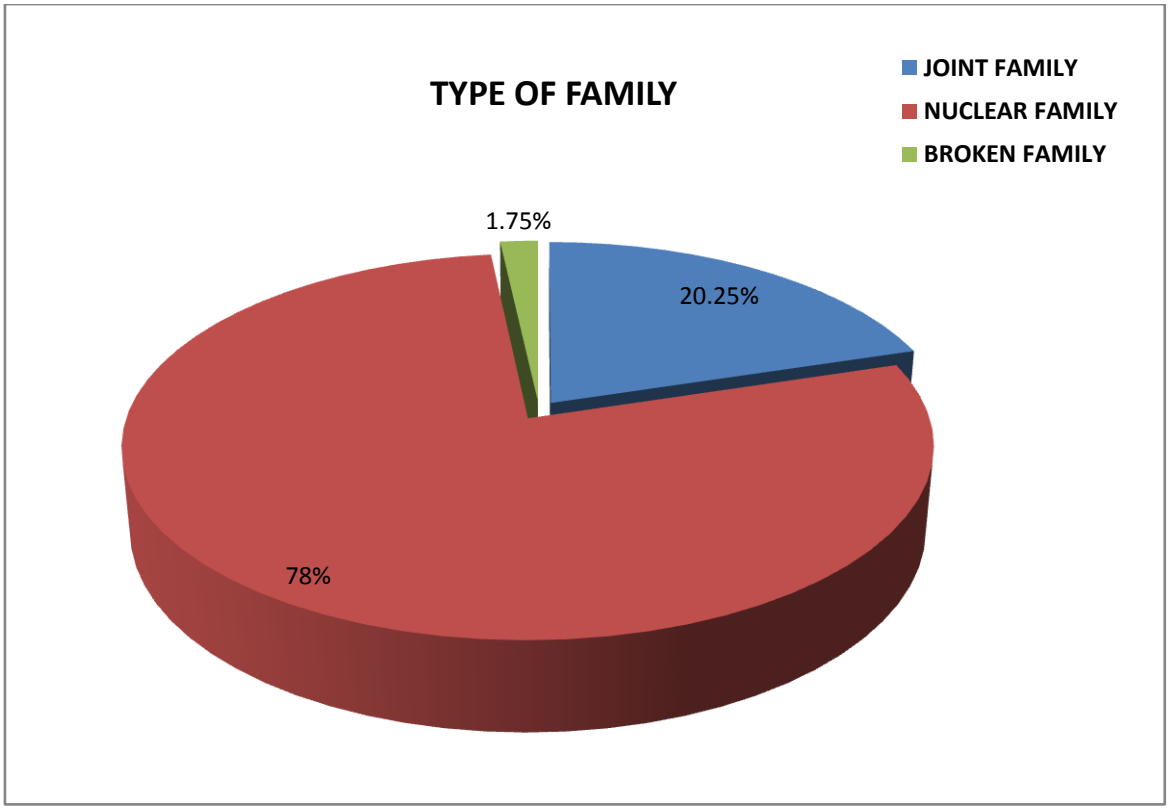


Fig.5: Percentage distribution of type of student's family

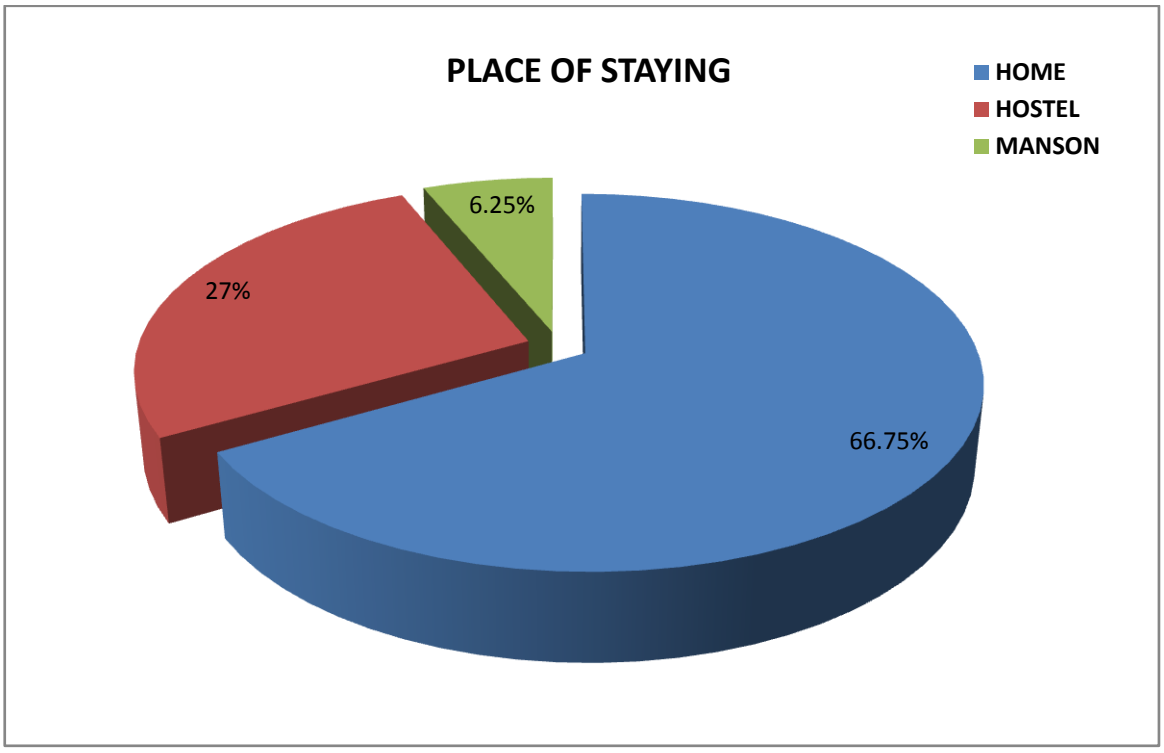


Fig.6: Percentage distribution of place of students staying

Table 2: Frequency and percentage distribution of level of knowledge regarding problems related to drug dependence among college students

N = 400

Variable	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
Knowledge	61	15.25	319	79.75	20	5.0

Table 2 shows the frequency and percentage distribution of level of knowledge regarding problems related to drug dependence among college students.

The table illustrates that 5% of the students had adequate knowledge, 79.75% of the students had moderately adequate knowledge and 15.25% of the students had inadequate knowledge regarding problems related to drug dependence.

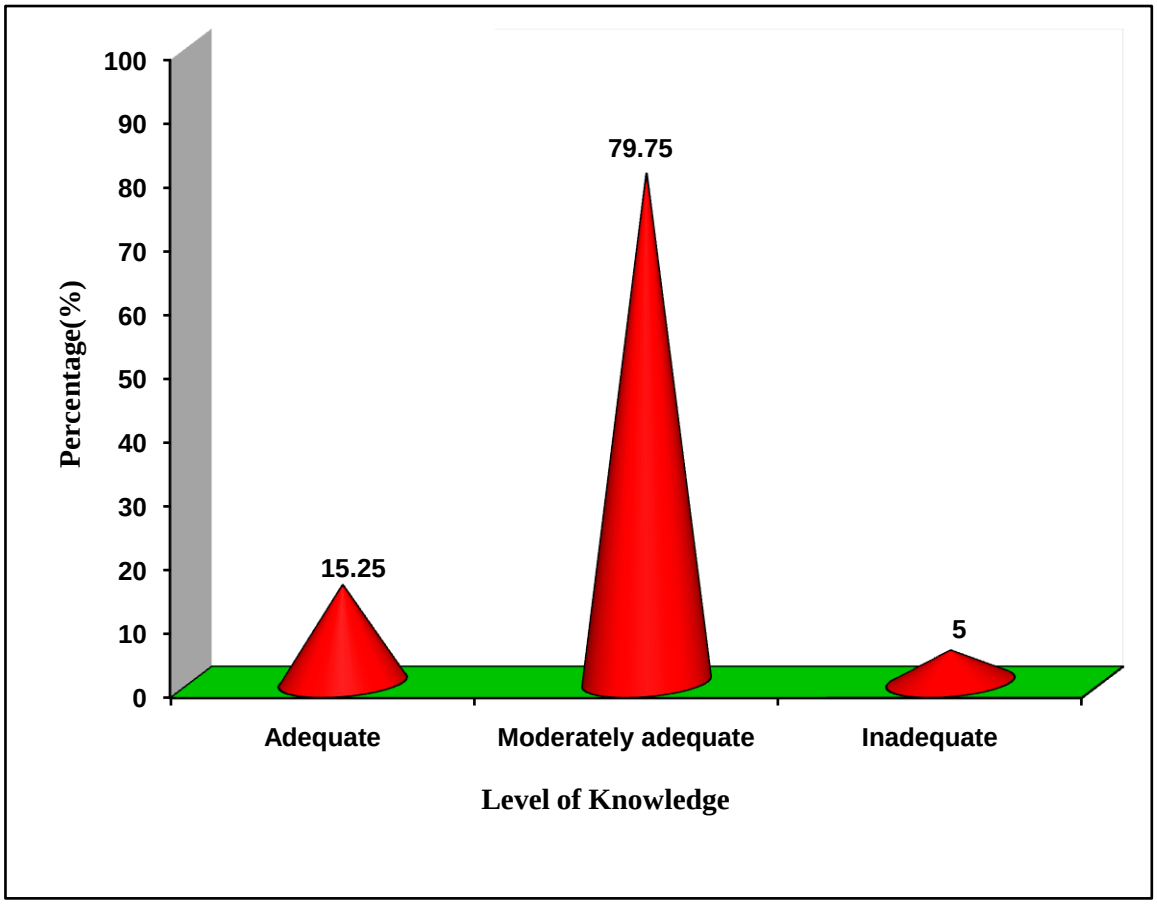


Fig. 10: Percentage distribution of level of knowledge regarding problems related to drug dependence among college students

Table 3: Mean and standard deviation of knowledge regarding problems related to drug dependence among college students

N = 400

Variable	Mean	S.D
Knowledge	18.80	3.53

Table 3 shows the mean and standard deviation of knowledge regarding problems related to drug dependence among college students.

The above table clearly indicates that the mean score of knowledge is 18.80 with standard deviation of 3.53.

Table 4: Frequency and percentage distribution of attitude regarding problems related to drug dependence among college students

N = 400

Variables	Unfavorable (<50%)		Moderately Favorable (50 – 75%)		Favorable (>75%)	
	No.	%	No.	%	No.	%
Attitude	139	34.75	243	60.75	18	4.5

Table 4 shows the frequency and percentage distribution of attitude regarding problems related to drug dependence among college students.

The table illustrates that 4.5% of the students had favorable attitude, 60.75% of the students had moderately favorable attitude and 34.75% of the students had unfavorable attitude regarding problems related to drug dependence.

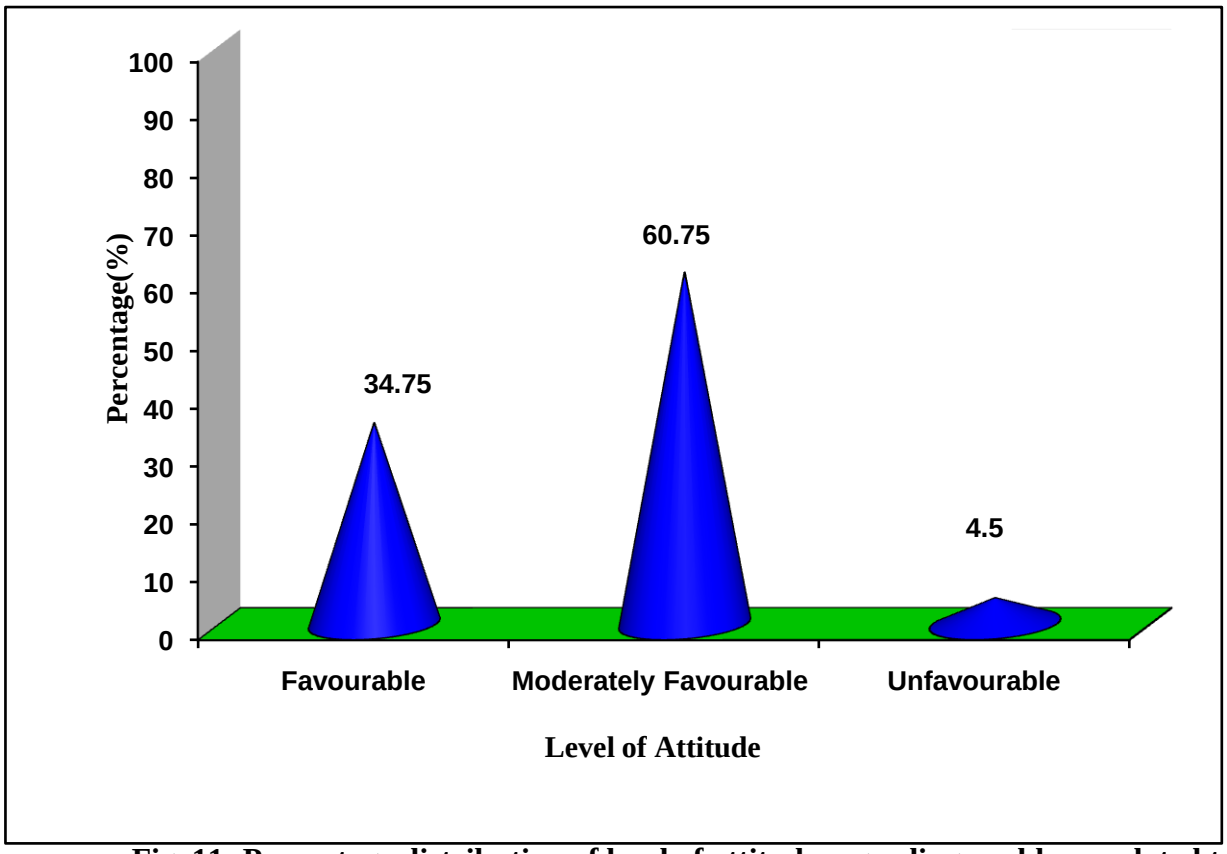


Fig. 11: Percentage distribution of level of attitude regarding problems related to drug dependence among college students

Table 5: Mean and standard deviation of attitude regarding problems related to drug dependence among college students

N = 400

Variable	Mean	S.D
Attitude	24.82	5.31

Table 5 shows the mean and standard deviation of attitude regarding problems related to drug dependence among college students.

The above table clearly indicates that the mean score of attitude is 24.82 with standard deviation of 5.31

Table 6: Correlation between knowledge and attitude regarding problems related to drug dependence among college students

N = 400

S.No	Variables	Mean	S.D	'r' value
1.	Knowledge	18.80	3.53	0.328** (S)
2.	Attitude	24.82	5.31	

**p<0.01, S – Significant

Table 6 shows the correlation between knowledge and attitude regarding problems related to drug dependence among college students.

The above table reveals that among the study objects, the mean score of knowledge regarding problems related to drug dependence was 18.80 with standard deviation of 3.53 respectively. The mean score of attitude regarding problems related to drug dependence was 24.82 with the standard deviation of 5.31 respectively. It clearly indicates moderate positive correlation between knowledge and attitude (r = 0.328) which is highly significant at p<0.01 level.

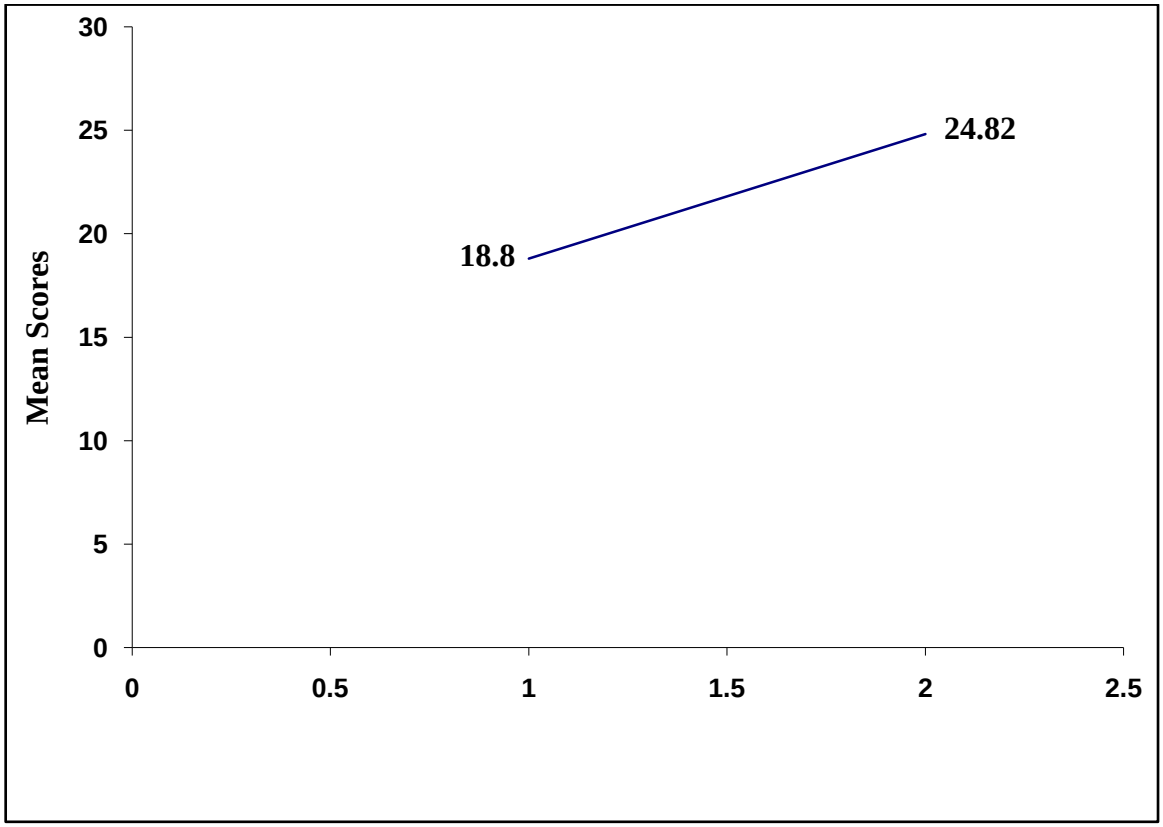


Fig. 12: Correlation of knowledge with attitude regarding problems related to drug dependence among college students

Table 7: Association of level of knowledge regarding problems related to drug dependence among college students with their demographic variables

N = 400

S. No	Demographic Variables	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate (>75%)		Chi-Square Value
		No.	%	No.	%	No.	%	
1.	**Sex**							$\chi^2 = 1.21$ d.f = 2 N.S
	Male	33	8.25	159	39.75	8	2.00	
	Female	28	7.00	160	40.00	12	3.00	
2.	**Year of studying**							$\chi^2 = 28.8$ d.f = 4 S***
	First year	35	8.75	97	24.25	1	0.25	
	Second year	18	4.50	108	27.00	7	1.75	
	Third year	8	2.00	114	28.50	12	3.00	
3.	**Religion**							$\chi^2 = 4.29$ d.f = 4 N.S
	Hindu	38	9.50	226	56.50	16	4.00	
	Muslim	1	0.25	1	0.25	0	0.00	
	Christian	22	5.50	92	23.00	4	1.00	
4.	**Type of family**							$\chi^2 =$ 0.443 d.f = 4 N.S
	Joint family	13	3.25	64	16.00	4	1.00	
	Nuclear family	47	11.75	249	62.25	16	4.00	
	Broken family	1	0.25	6	1.50	0	0.00	
5.	**Location of family**							$\chi^2 =$ 1.613 d.f = 4 N.S
	Urban	48	12.00	243	60.75	17	4.25	
	Suburban	2	0.50	7	1.75	0	0.00	
	Rural area	11	2.75	69	17.25	3	0.75	
6.	**Place of staying**							$\chi^2 =$ 2.852 d.f = 4 N.S
	Home	38	9.50	214	53.50	15	3.75	
	Hostel	20	5.00	85	21.25	3	0.75	
	Mansion	3	0.75	20	5.00	2	0.50	
7.	**Monthly income of the family**							$\chi^2 =$ 2.533 d.f = 4 N.S
	Rs.<5000	20	5.00	120	30.00	10	2.50	
	Rs.5000 – 10000	30	7.50	138	34.50	6	1.50	
	>Rs.10000	11	2.75	61	15.25	4	1.00	
8.	**Information about drug**							$\chi^2 =$ 1.812 d.f = 4 N.S
	Family members	9	2.25	65	16.25	5	1.25	
	Friends	39	9.75	185	46.25	12	3.00	
	Media	13	3.25	69	17.25	3	0.75	

***p<0.001, S – Significant, N.S – Not Significant

Table 7 shows the association of level of knowledge regarding problems related to drug dependence among college students with their demographic variables.

The analysis reveals statistically that demographic variable year of studying had a significant association with level of knowledge at $p<0.001$ level. The demographic variables like sex, religion, type of family, location of family, place of staying, monthly income of family and source of information had no significant association with the level of knowledge.

Table 8: Association of attitude regarding problems related to drug dependence among college students with their demographic variables

N =400

S. No	Demographic Variables	Unfavorable (<50%)		Moderately Favorable (50 – 75%)		Favorable (>75%)		Chi-Square Value
		No.	%	No.	%	No.	%	
1.	**Sex**							χ^2 = 70.0 d.f = 2 S***
	Male	109	27.25	87	21.75	4	1.00	
	Female	30	7.50	156	39.00	14	3.50	
2.	**Year of studying**							χ^2 = 23.87 d.f = 4 S***
	First year	65	16.25	67	16.75	1	0.25	
	Second year	43	10.75	82	20.25	8	2.00	
	Third year	31	7.75	94	23.50	9	2.25	
3.	**Religion**							χ^2 = 3.91 d.f = 4 N.S
	Hindu	89	22.25	177	44.25	14	3.50	
	Muslim	1	0.25	1	0.25	0	0.00	
	Christian	49	12.25	65	16.25	4	1.00	
4.	**Type of family**							χ^2 = 6.50 d.f = 4 N.S
	Joint family	28	7.00	47	11.75	6	1.50	
	Nuclear family	111	27.75	189	47.25	12	3.00	
	Broken family	0	0.00	7	1.75	0	0.00	
5.	**Location of family**							χ^2 = 1.916 d.f = 4 N.S
	Urban	105	26.25	187	46.75	16	4.00	
	Suburban	4	1.00	5	1.25	0	0.00	
	Rural area	30	7.50	51	12.75	2	0.50	
6.	**Place of staying**							χ^2 = 4.65 d.f = 4 N.S
	Home	98	24.50	160	40.00	9	2.25	
	Hostel	35	8.75	65	16.25	8	2.00	
	Mansion	6	1.50	18	4.50	1	0.25	
7.	**Monthly income of the family**							χ^2 = 3.456 d.f = 4 N.S
	Rs.<5000	56	14.00	86	21.50	8	2.00	
	Rs.5000 - 10000	59	14.75	106	26.50	9	2.25	
	>Rs.10000	24	6.00	51	12.75	1	0.25	

S. No	Demographic Variables	Unfavorable (<50%)		Moderately Favorable (50 – 75%)		Favorable (>75%)		Chi-Square Value
		No.	%	No.	%	No.	%	
8.	**Information about drug**							$\chi^2 = 5.61$ d.f = 4 N.S
	Family members	23	5.75	50	12.50	6	1.50	
	Friends	80	20.00	148	37.00	8	2.00	
	Media	36	9.00	45	11.25	4	1.00	

***p<0.001, S – Significant, N.S – Not Significant

Table 8 shows the association of attitude regarding problems related to drug dependence among college students with their demographic variable.

The analysis reveals statistically that demographic variable sex and year of studying had a significant association with level of attitude at p<0.001 level. The demographic variables like religion, type of family, location of family, place of staying, monthly income of family and source of information had no significant association with the level of attitude.

CHAPTER – V

DISCUSSION

This chapter discusses the findings of the study derived from statistical analysis with its pertinence of the objectives and related literature of the study. The problem stated was a study to assess the knowledge and attitude on problems related to drug dependence among the college students in a selected College at Nagercoil.

The objectives of the study were as follows:

1. To assess the level of knowledge among college students regarding problems related to drug dependence.
2. To assess the level of attitude among college students regarding problems related to drug dependence.
3. To correlate knowledge and attitude among college students regarding problems related to drug dependence.
4. To associate the level of knowledge among college students regarding problems related to drug dependence
5. To associate the level of Attitude among college students regarding problems related to drug dependence

Frequency and percentage distribution of demographic characteristics were as follows:

Most of the subjects, Out of 400 college students, 200(50%) were male, 200(50%) were female, 134(33.50%) students were studying third year, 280(70%) students were Hindus, 312(78%) students belonged to nuclear family, 308(77%) students were from urban area, 267(66.75%) students were in home, 174(43.5%) students family income between Rs.5000 – 10000 and 236(59%) students obtained information regarding drug dependence from friends.

The first objective was to assess the level of knowledge regarding problems related to drug dependence.

The investigator found that 5% of the students had adequate knowledge, 79.75% of the students had moderately adequate knowledge and 15.25% of the students had inadequate knowledge regarding problems related to drug dependence.

The study findings were consistent with the findings of Teter et al (2005) assessed the teen knowledge and attitudes toward prescription drugs and their use and misuse. Study was conducted from 9,161 undergraduate students, they found 70% students had moderate knowledge, 14.5% had inadequate knowledge, 15.5% had adequate knowledge and more than half of them had moderately favorable attitude.

The result shows that more than half of the subjects had moderately adequate knowledge regarding problems related to drug dependence. According to modified Pender's Health Promotion Model which says that drug dependence can be prevented by advice from health personnel, proper counseling among college students.

The second objective was to assess the attitude regarding problems related to drug dependence.

The analysis revealed that about 4.5% of the students had favorable attitude, 60.75% of the students had moderately favorable attitude and 34.75% of the students had unfavorable attitude regarding problems related to drug dependence.

The study findings were consistent with the findings of Dube et al (2007) who conducted an attitudes survey towards drugs at Warwick University students, U.K, they reported that most of the students consistently had moderately favorable attitude towards its use.

The result of this study show that more than half of the subjects 60.75% of the students had moderately favorable attitude regarding problems related to drug dependence. According to modified Pender's Health Promotion Model which says that unfavorable attitude can be motivated by health education and counseling on drug dependence.

The third objective was to determine the correlation between knowledge with attitude regarding problems related to drug dependence.

The data analysis clearly indicates moderate positive correlation between knowledge

and attitude (r = 0.328) which is significant at p<0.01 level. The study clearly revealed that when the level of knowledge increases the attitude towards problems related to drug dependence will be favorable.

The study finding was found to be consistent with the study of Kruce K. (2008), who conducted a study to assess the knowledge and attitude of arts students from U.K towards problems related to drug dependence. An online survey was sent to students and found there was a highly positive correlation between knowledge and attitude regarding problems related to drug dependence among the students.

It was evident from the findings that the attitude of the students is decided by their knowledge.

The fourth objective was to associate the level of knowledge regarding problems related to drug dependence.

The analysis revealed that there was statistically very high significant association with level of knowledge with socio demographic variable year of studying $\chi^2 = 28.8$, d.f = 4 at p<0.001 level.

The analysis revealed that there was no significant association between knowledge of couples with demographic variables like sex, religion, type of family, location of family, place of staying, monthly income of family and source of information.

The fifth objective was to associate the attitude on problems related to drug dependence.

The analysis revealed that there was statistically very high significant association with level of attitude with socio demographic variables sex $\chi^2 = 70.0$, d.f = 4 at p<0.001 and level and year of studying $\chi^2 = 23.87$, d.f = 4 at p<0.001.

The analysis revealed that there was no significant association between knowledge of students with demographic variables like religion, type of family, location of family, place of staying, monthly income of family and source of information.

The null hypothesis of the study was,

H01 - There will be no significant relationship between knowledge and attitude on drug dependence among college students.

The null hypothesis that there will be no significant relationship between knowledge and attitude on drug dependence among college students is rejected because the data analysis clearly indicates moderate positive correlation between knowledge and attitude ($r = 0.328$) which is significant at $p<0.01$ level.

The assumption of the study were,

1. College students may have knowledge regarding problems of drug dependence.
2. College students may have different opinion regarding problems of drug dependence.
3. Students who are in the college are more prone for drug dependence.

The first assumption that college students may have knowledge regarding problems of drug dependence is here by not accepted because the present study results proved that most of the students (79.75%) had moderately adequate knowledge regarding problems of drug dependence.

The second assumption that College students may have different opinion regarding problems of drug dependence is here by accepted because the present study results also have proved that 4.5% of the students had favorable attitude, 60.75% of the students had moderately favorable attitude and 34.75% of the students had unfavorable attitude regarding problems related to drug dependence

The college students were imparted knowledge regarding problems of drug dependence. Efforts were taken by the investigator to change the attitude of college students toward drug use.

The conceptual framework was based on modified Pender's Health Promotion Model. It has 3 components, which includes modifying factors, cognitive factors and likelihood of action. First component of the model involves the demographic variables and health unit. Second component involves the cognitive factors like assessment of knowledge and attitude regarding problems related to drug dependence. Third component was likelihood of action, which helped to improve the knowledge and attitude by creating

awareness and motivation towards problems related to drug dependence. Hence the researcher adopted this model and the model guided the researcher to take likelihood action which helps the students.

The overall findings of the study showed that the students had moderate knowledge and moderately favorable attitude regarding problems related to drug dependence. A pamphlet distributed with information regarding problems related to drug dependence at the end of the study.

CHAPTER – VI

SUMMARY, RECOMMENDATIONS, NURISNG IMPLICATIONS AND LIMITATIONS

This chapter presents the summary, conclusion, nursing implications, recommendations and limitations of the study based on the objectives selected.

SUMMARY

Drug dependence is a universal phenomenon with its roots in history and tradition. The drug use may provide some pleasurable effects. The heavy and continuous use often results in disruption in the functioning of an individual as well as societies.

Public health concern about drug abuse and associated risk behaviours in young people is increasing, especially among college students who, in some countries, appear to be at particularly high risk. Indeed, the leading cause of injury and death among college students and young adults.

Studies from different parts of the world have shown that college students have a higher prevalence of drug abuse and its disorders, than noncollege youth. This could be attributed to the well established developmental phase college students go through, in which they are away from home, family and longstanding friendships.

From the review of literature and the experience of the investigator with the adolescents, it was understood that college students little lack in knowledge regarding problem of drug dependence and ways to prevent it. Hence the assessing the knowledge and attitude regarding problem of drug dependence among college students was necessary to plan program and counseling in the college.

The objectives of the study were:

1. To assess the level of knowledge among college students regarding problems related to drug dependence.
2. To assess the level of attitude among college students regarding problems related to drug dependence.
3. To correlate knowledge and attitude among college students regarding problems related to drug dependence.

4. To associate the level of knowledge among college students regarding problems related to drug dependence
5. To associate the level of Attitude among college students regarding problems related to drug dependence

The assumptions of the study were:

1. College students may have knowledge regarding problems of drug dependence.
2. The college students are capable of expressing their views with regard to the problems of drug dependence.
3. Students who are in the college are more prone for drug dependence.

The null hypotheses formulated were:

Ho1 - There will be no significant relationship between knowledge and attitude on drug dependence among college students.

The reviews of the literature were:

Part – I: Review Of Literature

Section A: General information on drug dependence

Section B: literature related to knowledge and attitude regarding drug dependence

Section C: literature related to other aspects of drug dependence

Part – II:

The conceptual framework was based on modified Pender's Health Promotion Model. It has 3 components, which includes modifying factors, cognitive factors and likelihood of action. First component of the model involves the demographic variables and health unit. Second component involves the cognitive factors like assessment of knowledge

and attitude regarding problems related to drug dependence. Third component was likelihood of action, which helped to improve the knowledge and attitude by creating awareness and motivation towards problems related to drug dependence. Hence the researcher adopted this model and the model guided the researcher to take likelihood action which helps the students.

The research design selected for the study was non experimental descriptive research design.

The study was conducted at Nesamony Memorial Christian College of Arts and Science, Nagercoil. The college situated in urban area. The total student strength of the college is 3048.

The investigator developed tool after reviewing the relevant literature. It consists of two parts.

Part-I

Section A: Consists of demographic variables

Part-I

Section B: Consists of multiple choice questions to assess the knowledge regarding problems related to drug dependence.

Section C: Three point Likert scale to assess the attitude regarding problems related to drug dependence.

Major findings of the study were,

The investigator found that 5% of the students had adequate knowledge, 79.75% of the students had moderately adequate knowledge and 15.25% of the students had inadequate knowledge regarding problems related to drug dependence.

The analysis revealed that about 4.5% of the students had favorable attitude, 60.75% of the students had moderately favorable attitude and 34.75% of the students had unfavorable attitude regarding problems related to drug dependence.

The analysis revealed that there was statistically very high significant association with level of knowledge with socio demographic variable year of studying $\chi^2 = 28.8$, d.f = 4 at $p<0.001$ level.

The analysis revealed that there was statistically very high significant association with level of attitude with socio demographic variables sex $\chi^2 = 70.0$, d.f = 4 at $p<0.001$ and level and year of studying $\chi^2 = 23.87$, d.f = 4 at $p<0.001$.

NURSING IMPLICATIONS

The investigator had derived the following implications from the study which are vital concern in the field of nursing practice, nursing administration, nursing education and nursing research.

Nursing Practice

1. The community psychiatric nurse as a service provider should periodically organize and conduct mass education programme on drug dependence appropriately assigned audio visual aids.
2. The nurse must implement Information Education Communication (IEC) to provide awareness to the college students regarding problems of drug dependence.
3. As a service provider the nurse should provide self care modules (Personal Management Module) on (drug dependence) stress related disorders and distribute to people in the community and to college students to improve their knowledge.
4. As direct service care providers, identify the practice among different communities to strengthen the health of citizens and college students.
5. Psychiatric nurse who works with the local rehabilitation centers should organize programs on prevention of drug misuse.

Nursing Education

1. Nurse educator should actively involve in the process of organizing continuing education program on drug dependence related disorders and preventive measures.
2. The nurse should organize symposium, seminars, conferences and workshops to disseminate the current research findings on drug dependence to the public and to other health professionals.
3. Make available literature related to drugs and related disorders in the library for student reference.

Nursing Administration

1. The psychiatric nurse as an administrator should design formal teaching programme on drug misuse for college students (adolescence) in the selected community/college.
2. Provide opportunity for nurses to attend training programme.

3. The nurse must be instrumental to pointing out relevant policies of the state and central level to ensure effective programme to educate the public and facilitate optimal allocation for implementation of the program and create intersectoral network to control the disorder.

Nursing Research

1. Encourage further studies on drugs use among adolescents in different settings.
2. As evident from the review of literature more research need to be conducted on the aspects of drug use, precipitating factors, related disorders, education programs and effective therapies.

RECOMMENDATIONS

1. A similar study can be replicated on a large sample at state level.
2. A comparative study on drug misuse can be done between male and female.
3. A similar study can be conducted by using structured teaching programme on drug use.
4. A similar study can be conducted among adolescents in different settings.

LIMITATION

It was difficult to conduct data collection since the students had exams.

REFERENCES

BOOKS

Ahuja Niraj. (2002). *A short textbook of psychiatry* (5th ed.). New Delhi: Jaypee Medical Publisher (P) Ltd.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Text revision. Washington: American Psychiatric Association.

Barbara Schoen Johnson. (1995). *Child adolescent and family psychiatry nursing* Philadelphia: J.B.Lippincott Company.

Basavanthappa B.P. (1998). *Nursing research* (3rd ed.). Mumbai: Jaypee Brother Publisher.

Ben Green. (1996). *Problem based psychiatry* (2nd ed.). Edinburgh: Churchill Livingstone Company.

Bernstein A. Gail, Rapoport.L, Judith, Henrieta.L. Leonard, (1999). *Textbook of child adolescent psychiatry* (1st ed.). Chennai: All India Publication.

Burne Nancy. (2001). *The practice of nursing research.* Philadelphia: W.B.Saunders Company Publisher.

Conely John. (1994). *Child adolescent and family psychiatric nursing.* Philadelphia: J.B Lippincott Company.

Gail W. Stuart, Michele T. Lararia. (2005). *Principles and practice of psychiatric nursing* (8th ed.). Missouri: Mosby Publication.

John A. Talbott. (1994). *Textbook of psychiatry.* New Delhi: Jaypee Brothers publication.

Lalitha K. (2008). *Mental health and psychiatric nursing an Indian perspective*. Bangalore: VMG publication.

Kaplan and Sadock's. (1998). *Synopsis of psychiatry* (8th ed.). New Delhi: New B.L.Waverky Pvt. Ltd.

Mary C. Townsend. (2006). *Psychiatric Mental Health Nursing* (5th ed.). Philadelphia: F.A. Davis Company Publishers (P) Ltd.,

Polit F. Denise, Hungler P. Bernadette. (2002). *Nursing research principle and methods* (6th ed.). Philadelphia: J.B.Lippincott Company.

Ratherine in. Fortinash, Patricia A. Holoday Worrect. (1996). *Psychiatric mental health nursing* (1st ed.). New York: Mosby Publications.

Robert E. Hales, Stuart C. Yudossky, John A. Talbott. (2001). *Text book of psychiatry* (3rd ed.). New Delhi: Jaypee Brothers Publications.

Sadock B.J, Sadock V.A. (2005). *Comprehensive textbook of psychiatry* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.

Sreevani R. (2005). *A guide to mental health and psychiatric nursing* (2nd ed.). New Delhi: Jaypee Brothers publication.

Stuart and Sundren N. (1993). *Principle and practice of psychiatric nursing* (4th ed.). Toronto: Mosby Company.

Sundar Rao P.S, Richard, J. (1996). *An Introduction to biostatistics* (3rd ed.). New Delhi: Prentice Hall of India.

Varma K. Vijay. (1998). *Social psychiatry and global perspective.* New Delhi: Rajiv Bai Macmillan India Limited.

Verna Benner Carson. (2000). *Mental health nursing* (2nd ed.). Philadelphia: W.B.Sunders Publications.

Wanda K. Mohr. (2003). *Psychiatric mental health nursing* (5th ed.). Philadelphia: Lippincott Publications.

JOURNALS

Ani S (1997). Therapies for drug abuse. *Canadian journal of psychiatry*. *32(7)*. 826-30.

Carless (2007). Cognitive correlates of drug misuse among adolescents. *Journal of psychology*. *34*. 189-201.

Ehou L (2009). Drug misuse in young adults. *Journal of abuse disorder*. *4*. 23.

Kim BM (2009). A six month follow up study of post traumatic stress and depressive symptoms in Korean children. *Journal of clinical psychiatry*. *1*. 16.

Kirmizoglu Y (2009). Prevalence of drug abuse among elderly people. *International journal of geriatric psychiatry*. *3*. 3.

Marry C (2001). School based behavioural treatment for drug abuse in adolescents. *Journal of American children and adolescents psychiatry. 40 (7).* 780-6.

Sami R. (2009). Incidence of drug dependence in India. *Indian journal of psychiatry. 5(2).* 91-7.

Hofmann H (2006). Treatment attrition during group therapy for drug dependence. *Journal of substance disorders. 20(9).* 61-72.

Sabin K (2006). An epidemiologic perspective on Substance abuse disorder. *Journal of clinical psychiatry. 12.* 3-8.

Stevans S et al (2009). Influence of alcohol on the processing of emotional facial expressions in individual with social phobia. *British journal of clinical psychology. 48(2).* 125-40.

Stick LS (1999). Gender differences in the presentation and management of drug abuse disorder. *Journal of clinical psychiatry. 60(9).* 9-13.

WEBSITES

www.pubmed.com
www.findarticles.com
www.webmed.com
www.nursingplanet.com
www.geocities.com
www.wikipedia.org
www.flipkart.com
www.infibeam.com
www.mentalhelp.net

APPENDIX – A

LIST OF EXPERTS FOR CONTENT VALIDITY

1. **Dr.M.Anand Pratap, M.B.B.S., D.P.M., D.P.M., F.I.P.S.,**
   Chief Civil Surgeon & RMO,
   Government general hospital,
   Chennai – 600 003.

2. **Mrs.Grace, R.N, R.M., M.Sc(N).,**
   Head of the Department,
   Mental health nursing,
   Madha College of Nursing,
   Chennai- 600 071.

3. **Mrs.Santhi , R.N, R.M., M.Sc(N).,**
   Head of the Department,
   Mental health nursing,
   Ramachandra College of Nursing,
   Chennai-600 062.

4. **Mrs.Neelakshi, R.N, R.M., M.Sc(N).,**
   Head of the Department,
   Mental health nursing,
   Ramachandra College of Nursing,
   Chennai-600 062.

5. **Mrs. M.Fatima Jessy, M.S.W., M.Phil.,**
   Social Welfare Officer,
   Institute of Mental Health,
   Kilpauk, Chennai-600 010.

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Ms.C.Jayanthi,
M.Sc.(N) II Year,
Vel R.S Medical College – College of Nursing,
Avadi, Chennai – 600 062.

To

Respected Madam/Sir,

Sub: Requisition for expert opinion on suggestion for content validity of the tool regarding the assessment knowledge and attitude on problems related to drug dependence among the college students.

I am a student of M.Sc.(Nursing)- II year at Vel R.S Medical College - College of Nursing, Avadi, Chennai – 62, affiliated to Dr.M.G.R.Medical University, Chennai.

I am conducting a study **"A study to assess the level of knowledge and attitude on problems related to drug dependence among the college students in a selected college at Nagercoil."**

Herewith I am submitting the structured questionnaire to assess social phobia among adolescents in selected school. Kindly validate the tool and render your expert opinion in this regard.

It will be very kind of you to return it undersigned at the earliest.

Thanking you,

Yours sincerely,

(C.JAYANTHI)

Enclosures:

1. Statement and objectives of the study
2. Structured questionnaire
3. Validity certificate

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tools knowledge and attitude on problems related to drug dependence developed by **Ms.C.Jayanthi,** M.Sc. Nursing student Vel R.S. Medical College – College of Nursing, Chennai on the topic, **"A study to assess the level of knowledge and attitude on problems related to drug dependence among the college students in a selected college at Nagercoil,"** is validated by the undersigned and he can proceed with this tool to conduct the main study.

Place :

Date : **Signature**

APPENDIX – B

TOOL

INTRODUCTION

Dear Participants,

I am **C.Jayanthi,** M.Sc.(N), II year student from Vel R.S.Medical College - College of Nursing, Avadi, Chennai. I would like to assess the level of knowledge and attitude on problems related to drug dependence among the college students. I assure that the responses given by you will be used only for my study purpose. There is no right or wrong answers. So please feel free in answering the questions. This will be promoting your welfare. So, I request you to kindly give your full co-operation and willingness.

Thanking you.

DEMOGRAPHIC VARIABLES

Read carefully and give appropriate answer

1. Which year are you studying?
    1. First year
    2. Second year
    3. Third year ( )

2. Religion
    1. Hindu
    2. Muslim
    3. Christian
    4. Others ( )

3. Type of family
    1. Joint family
    2. 2.Nuclear family
    3. Broken family ( )

4. Location of family
    1. Urban
    2. Sub urban
    3. Rural area ( )

5. Place of staying
    1. Home
    2. Hostel
    3. Mansion ( )

6. Monthly income of the family
    1. Rs<5,000

2. .Rs 5,000- 10,000
3. Rs> 10,000 ( )

7. Information about drug dependence is obtained?
   1. Family members
   2. Friends
   3. Media ( )

KNOWLEDGE QUESTIONAIRE

Read carefully and select appropriate answer

A. GENERAL INFORMATIONS

1. When a person is sick he will?
   a. go to doctor
   b. take self medication
   c. do nothing ( )
2. When does a person take self medication?
   a. Pain
   b. travel
   c. not take ( )
3. What will a person do when he feel sleeplessness?
   a .drink water
   b. try to sleep
   c. use sleeping pills ( )
4. Drug addiction can decrease one's
   a. knowledge
   b. income
   c. life span ( )
5. What are the forms of drugs?
   a. powder & inhalant
   b. injection form
   c. both ( )
6. Excessive drug will cause
   a. anemia

b. cholera

c. chicken pox ( )

7. What are the main changes that will occur during drug intake?

a. consciousness

b. temperature

c. neck movement ( )

8. Which organ is affected more due to excessive consumption of drugs

a. liver

b. stomach

c. thyroid gland ( )

9. Drug abusers will experience_____

a. constipation

b. nasal discharge

c. tremors ( )

10. Which sensory organ will get affected due to excessive intake of drugs?

a. eyes

b. skin

c. ear ( )

11. Sexual behavior of the drug abusers will be

a. increased

b. decreased

c. normal ( )

12. Drug abusers are prone to get

a. hepatitis B&C

b. hypertension

c. diabetes mellitus ( )

13. Drug abuse will directly affect

a. bones

b. brain

c. large intestine ( )

14. Sharing needle for injection of the drug will cause

a. chest pain

b. HIV/AIDS

c. malaria ( )

15. Drug abusers performance will be

a. normal

b. decrease than normal

c .increase than normal ( )

PSYCHOLOGICAL PROBLEMS

16. Drug abusers always feel_____

a. lonely &sad

b. Powerful

c. more stamina ( )

17. Drug intake mainly affect_____

a. decision making

b. weight

c. vision ( )

18. Excessive drug intake will cause

a. suicidal tendency

b. increase self esteem

c. good relationship with others ( )

19. Drug abuse will produce

a. self confidence

b. stress

c. interest in their activities ( )

20.Drug abusers may have

a. loss of memory

b. increase memory

c. increase thinking ( )

21. Drug abusers may have

a. suspiciousness

b. trust others

c. good relationship with others ( )

SOCIAL PROBLEMS

22. Drug abusers tends to be a

a. role model for others

b. disturb others

c. help to others ( )

23. Drug abusers are prone to get

a. motor vehicle accidents

b. alert during driving

c. not drive ( )

KNOWLEDGE REGARDING CANNABIS

24. Cannabis can cause

a. short term memory loss

b. good concentration

c. good judgments ( )

25. Cannabis smoking will have the chance to get

a. lung cancer

b. renal failure

c. stomach pain ( )

26. Cannabis abusers have more problems in

a. understanding new information

b. getting nutritious food

c. maintaining personal hygiene ( )

KNOWLEDGE REGARDING COCAINE

27. Cocaine abusers take food

a. increased amount than normal

b. increased amount than normal

c. no food intake ( )

28. Cocaine abusers may prone to get

a. restlessness

b. alertness

c. cheerfulness ( )

29. The sleep pattern of cocaine abusers is

a. altered sleep

b. no sleep

c. normal sleep ( )

KNOWLEDGE REGARDING HEROIN

30. Heroin overdose will cause

a. death

b. diarrhea

c. vomiting ( )

31. Heroin use during pregnancy will cause

a. abortion

b. maternal death

c .hemorrhage ( )

32. Heroin is risk to

a. oral cancer

b. breast cancer

c. worm infestation ( )

The score was classified as,

0-16	-	Inadequate knowledge
17-24	-	moderately adequate knowledge
25-32	-	Adequate knowledge

THREE POINT LIKERT SCHALE TO ASSESS THE ATTITUDE

Please tick the correct answer

S.N	QUESTIONS	A	U	DA	SCORE
1	Drug abusers cannot solve their problems easily?				
2	Drug abuse is harmful to the body?				
3	Drug abusers hate themselves?				
4	Drug abusers try to escape from facing a crisis?				
5	Drug abusers will occupy fantasy world?				
6	Drug abusers are not adjusted to life situations?				
7	Drug abusers have more friends than non drug abusers?				
8	Drug addiction can be eradicated by education and awareness programme?				
9	Students can overcome from drug habit through counseling?				
10	Drug addiction can control by law?				
11	Students need strong will power to overcome drug habit?				
12	Drugs are necessary for hard working people?				
13	Using drug helps to remain awake late in the night for study?				
14	Drug act as a energier when a person is tired?				
15	Drug improves the digestion of food?				

16	Drugs help in defecation?				
17	Drug addiction help in decision making?				
18	Drug use help to impress others?				
19	Drug abusers feel always alone and nobody understand them?				
20	Drug abusers can perform their day to day activities effectively?				
21	Recovery from drug dependence is impossible?				
22	Drug dependence will help to involve in social activities?				

The scores were classified as,

0-22	-	Unfavorable attitude
23-33	-	Moderately favorable attitude
34-44	-	Favorable attitude

VEL R.S. Medical College

(College of Nursing)

Owned by R.S. Trust

(Approved by Govt. of Tamil Nadu,
Indian Nursing Council, New Delhi, Tamil Nadu Nurses & Midwives Council &
Affliated to The Tamil Nadu Dr. M.G.R. Medical University)
No. 42, Avadi - Alamathi Road,
Vellanur (Post), Avadi, Chennai - 600 062
Phone : 044 - 26840605, E-mail : vrsmc_con@yahoo.com

Administrative Office:
"Santi Sudha", # 38 (Old No. 24),
ABM Avenue, (Opp. Park Sheraton Hotel),
Chennai - 600 028. India.
Phone off : 24355648, 24334845, 24335828
Residence : 24344708
Fax : 24340386, 24357591
Grams : VELGROUP CHENNAI - 28
E-mail : veltech@md3.vsnl.net.in
Website : WWW.vel-tech.org
Phone : 26841093 Fax : 26841601

14/05/2010

To

THE PRINCIPAL,
NESAMONY MEMORIAL CHRISTIAN COLLEGE,
MARTHANDAM.

Sub: Seeking permission for conducting main study.

Respected Sir/Madam,

This is to introduce **Ms. C. JAYANTHI (Mental Health Nursing) Master Degree Nursing student** of this college. She has selected the following topic for her research study to be submitted to the Tamil Nadu Dr. MGR medical university as partial fulfillment of the master degree in nursing program.

The topic for the study is, **"A Study to Assess the knowledge and attitude on problems related to drug dependence among college students in a selected setting at Nagercoil "**

She is interested in conducting the study at your esteemed institution.

I assure you that our student will abide by the rules and regulations of the setting. I request your at most help in regard to the same.

Thanking you,

PLACE: MARTHANDAM.
DATE: 15/5/2010.

Mrs.M.Anuradha
PRINCIPAL
VEL R. S. MEDICAL COLLEGE
(COLLEGE OF NURSING)
42, AVADI-ALAMATHI ROAD

Ms. C. JAYANTHI is permitted to conduct the main study.

Permitted to meet-the students

PRINCIPAL
NESAMONY MEMORIAL
CHRISTIAN COLLEGE
MARTHANDAM

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work **"A study to assess the level of knowledge and attitude on problems related to drug dependence among the college students in a selected college at Nagercoil"** was done by **Ms.C.Jayanthi,** II year M.Sc(N) student of Vel.R.S Medical College, College of Nursing, Avadi, Chennai, is edited for English Language appropriateness by **Ms.J.Jasmine Geetha.**

Name: Mrs. J. Jasmine Geetha
M.A., B.Ed.
(PG Assist., St. Francis Xavier H.S.S. Manthuchey.)

Signature:


NESAMONY MEMORIAL CHRISTIAN COLLEGE


NESAMONY MEMORIAL CHRISTIAN COLLECE

DRUG DEPENDENCE

WHAT IS DRUG DEPENDENCE?

Taking a drug for other than medical reasons and increased frequency, dose or manner that damages the physical or mental functioning.

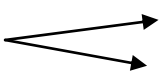
CHARACTERISTICS:

- An overpowering desire or need (compulsion) to continue taking the drug.
- A tendency to increase the dose
- A psychic and physical dependence on the effects of the drug.
- A detrimental effect both on the individual and on the society.

INCIDENCE:

It is commonly seen in the age group of 16-30 years, unmarried people and then individuals belonging to low or high socio-economic strata.

CAUSES OF DRUG DEPENDENCE:



Social Environment

Individual with vulnerable personality

Social Environment:

- ✓ To gain acceptance in a group to belong
- ✓ Peer group pressure or influence.
- ✓ Too much pocket money.
- ✓ Escape from social, economic pressures.
- ✓ Broken families, unhappy home conditions.
- ✓ Lack of parental control.
- ✓ Unemployment.
- ✓ To get relief from stress.
- ✓ Easy available of drugs.

Vulnerable personality:

- ✓ Emotional immaturity
- ✓ Emotional FRUSTRATION
- ✓ LOW SELF-ESTEEM
- ✓ For curiosity purposes
- ✓ Feeling loneliness
- ✓ Inability to cope-up

SIGNS AND SYMPTOMS OF DRUG DEPENDENCE:

- ❖ Moodiness
- ❖ Dull
- ❖ Physical depression
- ❖ Irritability
- ❖ Purposefully avoids interaction and communication with family members
- ❖ Withdrawal from family activities
- ❖ Lethargy
- ❖ Lack of motivation, curiosity
- ❖ Stealing money and vulnerable item
- ❖ Confused thoughts

PHYSICAL SYMPTOMS:

- ❖ Reddening and dull eyes
- ❖ Puffiness under the eyes
- ❖ Weight loss
- ❖ Sleep disturbances
- ❖ Sleep disturbances
- ❖ Slurring of speech
- ❖ Presence of pricks and

injection marks all over the body
- ❖ Anorexia
- ❖ Ataxic gait
- ❖ Tremor of extremities
- ❖ Anxiety

COMPLICATIONS:

Acute complications:

1. Impairs short term memory
2. Impair attention, judgment, and other cognitive functions.
3. Impairs co-ordination and balance.
4. Increased heart rate, difficulty in sleep.
5. Nausea and vomiting, spontaneous abortion.

Persistent complications:

1. Impairs memory and learning skills.

Long term complications:

1. Addiction
2. Increases risk of chronic cough, bronchitis, and emphysema.
3. Increases risk of cancer of the heart, neck and lungs.
4. Increases risk of accidents.
5. Poor outcome in academic performance, poor life satisfaction and achievements.
6. Infectious disease, for example HIV|AIDS and hepatitis B and C.
7. Liver and kidney diseases.
8. Death.

MANAGEMENT: For drug dependence

- ➢ Hospitalization
- ➢ Create positive attitude
- ➢ Detoxification supplementation of vitamins, minerals
- ➢ Supplementation of vitamins, minerals
- ➢ Psychotherapy
- ➢ Counseling
- ➢ Counseling
- ➢ Family therapy
- ➢ Rehabilitation

PREVENTION OF DRUG DEPENDENCE:

- ❖ Provide healthy and happy family and environment for the individual.
- ❖ Loving, tender-care.
- ❖ Establish health child- parent relationship.
- ❖ Give mutual respect to the individual.
- ❖ Taking timeout for fun.
- ❖ Openly talk to the family members and communicate love.
- ❖ Show interest in day to day activities.
- ❖ Share problems.
- ❖ Teach others how to solve the problem.
- ❖ Counseling and motivate the individual to set achievable goals in life.

For Referrals

1. Kaanikkai matha deaddiction centre, Colachal.
2. Jeyaraj Hospital, Marthandam.